THE LANCET.

VOL. II.] LONDON, SATURDAY, APRIL 6, 1833. [1832-33.

LECTURES
ON
MEDICAL PATHOLOGY,
DELIVERED IN THE UNIVERSITY OF PARIS,
BY M. ANDRAL, D.M.P., &c. &c.

LECTURE XVIII.
PERVERSIONS OF SENSIBILITY,
Continued.

CLAVUS HYSTERICUS.

THE next painful nervous affection in the classification I pursue, is one which may occur either individually or in connexion with others of analogous character, and which in itself is of considerable interest. I allude to the *clavus hystericus*, the "clon hysterique" of the French nosologists. This clavus hystericus means a fixed and intense pain, occurring in a particular spot, of a circular form, and circumscribed dimensions, from half an inch to an inch and a half in diameter. Its seat is generally on the parietal or occipital bones. The frontal and temporal are more rarely its situation. It derives its name from the character of the pain, which is with justice compared to that which the driving in of a sharp instrument would occasion. It is often changeable from one point to another; it may occur at both sides of the head, in one or in several points. The accession of the attack is frequently marked by bilious vomiting and other symptoms of gastric derangement. Its duration is extremely variable—from a single minute, or quarter of an hour, to seven or eight days, for which time a single paroxysm has been known to linger. As for its treatment, the same laws and principles must guide us here as in migraine, and many other nervous disorders. When but a symptom of hysteria, the hysteria itself of course requires our primary attention.

CEPHALALGIA.

With respect to cephalalgia in general, some interesting cases, with remarks, are recorded in our periodicals. M. Charpentier, of Valenciennes, has published one which occurred at La Charite, and in which no cadaveric lesion could be detected. In some other cases lesions have been found. M. Mignard, in the ninth volume of the *Archives Générales de Médecine*, relates a case of an individual who died after experiencing for a long time an intolerable pain in one side of the head, with commencing amaurosis. On opening the head, several convolutions of the brain and the optic nerves were found to be of a deep slate colour. We cannot, however, accept this observation as definitive of the pathology of cephalalgia; we must at least await the occurrence of many analogous cases. In the twentieth volume of the *Archives*, there is another case bearing on this subject; it was one of periodical hemicrania, which for a long time constituted the only morbid symptom, and disappeared on the expulsion of a calculous concretion from the nasal fossæ. The patient, a little girl, recovered perfectly. M. Hartzman describes another, a similar, case. The first calculus discharged was as large as a bean, and in a month after several much smaller came away. We thus find that before pronouncing a positive opinion, we must seek in every organ for the tangible cause of any given series of symptoms.

RACHIALGIA.

Leaving the head, we now come to the vertebral column and its *painful* affections. These, when strictly nervous, and independently of inflammatory action, are called *rachialgia*, a name by the way which has been very erroneously given to the painters' colic. The rachialgic pain, then, may extend along the whole of the spine, or be confined to one of its three principal divisions, or embrace parts of two of them, for example, engaging half of the cervical and a third of the dorsal vertebræ. Sometimes too it is confined to half the vertebral column precisely, and then it acquires the name of *hemirachialgia*. The symptoms of rachialgia may vary according to the part of the spinal column affected.

When the cervical vertebræ alone suffer, it is not rare to meet with pain in the neck at the same time, extending occasionally to the face, occiput, upper part of the back, or upper arm. It is sometimes complicated too with lesions of movement in the muscles which derive their nerves from this part of the spinal chord. Paralysis, muscular spasms, or tonic contractions, may thus supervene. Sometimes, by an inexplicable sympathy, violent palpitations of the heart are experienced, and at the same time the sensibility of the skin may be altered, and torpidity occur. In the dorsal or lumbar rachialgia the symptoms maintain a close analogy with those now described, verging, of course, according to the different structures and functions of the parts which the nerves supply; thus in the lumbar rachialgia the expulsion of the urine may be affected. It may escape involuntarily in some, or be exerted with difficulty in others.

As for the diagnosis of rachialgia, the absence of pain on pressure distinguishes it from other spinal affections. The rachialgic pain is further remarkable for its mobility. An individual is one day tormented with all the symptoms just described, and to-morrow he is well, or at least free from pain. This is a mark which well distinguishes the mere neuralgic pain from organic lesions of the spinal chord. May we regard these symptoms then as the effects of transitory congestion,—of a state approaching to, though not reaching, inflammation? This is a mere hypothesis, which further experience can alone confirm or refute. Its consideration, however, will serve at least the useful purpose of connecting in your memory the transitory and oscillating character of the disease, with a notion that will render its diagnosis more easy, and at the same time do no practical mischief. The treatment consists in the use of different ointments, frictions with various anodyne and narcotic substances, with the ointment, of course, of potash, for example, or with oil containing the tincture of hyosciamus or belladonna. Experience has shown that tepid baths and couches are of much utility. If the pain persists, and the other complications present themselves, we must, according to the symptoms, have recourse to venesection, leeches, irritating and revulsive plasters; to the application of tartar emetic ointment, frictions with croton oil, &c. Blisters, the cautery, and moxa, may also be employed, should the symptoms demand such energetic measures.

ANGINA PECTORIS.

The parietes of the thorax are liable to be affected with pains, some of which are purely of a nervous kind, while others are symptomatic of some other disease, sometimes inflammatory, &c. At present I allude to the subject in connexion with a malady which has formed the subject of some warm controversy, and the nature of which is still but little understood. I mean *angina pectoris*, a disease to which the term *sternalgia* has also been given. At one epoch, were we to judge by published cases, this must appear to have been a very frequent malady, but M. Jurine, of Geneva, has shown distinctly that, on the contrary, it has always been comparatively rare. From my own experience, I have no hesitation in admitting it to be a real though rare disease, and I am equally certain that it is not to be regarded as a symptom of lesion of the heart.

The specific character of angina pectoris is a pain in the middle of the sternum, ordinarily commencing under the first or second piece thereof, extending downwards, below, and on a level with, the ensiform cartilage. But it is not confined here; it radiates occasionally over the rest of the thorax, and, what is singular, it seems to prevail most on the left side; it then ascends, reaches the neck, and terminates at the temporo-maxillary articulation. Sometimes the axilla, arm, and fore-arm, are affected, especially at the left side, the right side, meanwhile, remaining intact. In some other cases it proceeds from the sternum to the epigastrium. In others it shoots right through the body, in a perpendicular direction, like a bolt of iron. In two or three cases that I have known of the pain, instead of commencing at the sternum and reaching the extremities, it was, on the contrary, first felt in the arm, and then proceeded to the sternum.

Among the symptoms of angina pectoris, which, though not essential, are still of much practical importance, is the embarrassment of breathing, arising, not from any disease of the lungs or heart, but from the deranged mechanical action of the thoracic muscles. Some patients even have succumbed into asphyxia, owing to this circumstance, the osseous cage of the lungs for some time before death having become completely immoveable. In these cases auscultation and percussion had previously shown that there was no organic lesion, whether of the lungs or heart; and, moreover, in the intervals between the paroxysms the patient enjoyed perfect health. It is true, that the same symptom occurs occasionally as an evident effect of heart disease; but then *angina pectoris* is not the name it should receive, and here the pain, as in aneurism of the heart, is less intense than in the true neu-

ralgic affection. The access of the true angina is usually sudden, the patient being apparently in perfect health at the moment of the attack. Intervals also invariably occur, although of uncertain duration, in which no trace of the malady remains. These are certainly not the characters of organic lesions of the heart. With respect to its progress, one of two things generally occurs, namely, the interval either diminishes successively between every paroxysm until the patient dies, or else it increases in equal proportion until recovery is established. The age of the patient seems to be an important element in the chain of circumstances connected with the formation of the disease. In very young persons it is rare, however. I remember meeting a case in the person of a young Polytechnic scholar, ætat. 18, and who recovered in the country. It is much more common between the ages of thirty and forty, and some cases are met with in individuals advanced in life. As for diseases of the heart, its coverings and vessels, and especially with respect to the coronary arteries, I again repeat, in order to press it on your memory, that there may exist angina pectoris, or even occasion analogous symptoms; but still they do not constitute its essential cause. The malady is intrinsically nervous, but on what precise set of nerves it depends we do not know; indeed if we did know, it would then occupy another place in our classification, and would receive a name totally different from the vague and merely descriptive epithet it at present bears.

The treatment of angina pectoris varies according to the period of the disease. In the interval, moderate diet, a change in the habits of the patient, and a use of laxative medicines, setons, and derivatives, such as blisters to the arms, constitute our chief agents. In the spasm, frictions with the ointment of belladonna, active vesicatories to the arms, various narcotics and antispasmodics, such as opium, valerian, and asafœtida, have been successively recommended. Some special methods, such as the inhalation of oxygen gas, and the use of phosphoric acid, recommended by Jurine of Geneva, who suffered the disease in his own person, have also been tried with supposed benefit; but my own experience does not enable me to say anything on this matter. Those who wish to study the affection more minutely, may read Jurine's excellent monograph, published at Geneva in 1813, and another by M. Deport, published in Paris in 1811.

ACRODYNIA—THE RECENT UNIQUE PARISIAN EPIDEMIC.

I should now, in regular order, notice the neuralgic pains of the parietes and internal parts of the abdomen, but these I shall pass over at present, and come to the limbs, which are next in succession. Sciatic neuralgia, or the pain following distinct nervous chords, does not, of course, come before us here, restricted as our object is to the consideration of the sensation of pain dependent on vague and obscure nervous aberrations. A recent and most extraordinary epidemic has, however, supplied us with ample materials for filling up this nosological chasm. I allude to that which four years since commenced in Paris, for the first time that it had appeared in the world, and, during two successive years, for several months, especially in the spring and summer, affected a vast majority of the population of Paris. Its prominent and characteristic symptom was pain, peculiar in character, and more or less severe in the hands and feet, from which it sometimes extended to other parts, whence it received the appriate name of *acrodynia*.

This strange and celebrated epidemic has no analogy with any known or described disease. It appeared suddenly in Paris without any known cause, and in the course of a few months disappeared as unaccountably as it came, and, as far as I am aware, has not since occurred, either in the epidemic or sporadic form, with the exception of the single case of a young man who, about five months since, was admitted to La Pitie for this affection. I have already mentioned the nature of the chief symptoms. The patients compared the pain to the effect of great numbers of pins thrust into the parts affected. In multitudes of persons it reached such a degree of intensity, that manipulation became a torture, and walking impracticable, and they were, consequently, obliged to remain in bed. At the end of an uncertain period, the pain used to diminish, but the skin had lost much of its natural sensibility. Other phenomena also supervened. The skin of the hands and feet often became red, the epidermis then came off in large flakes, or large vessels formed on the same parts, and cases were even seen in which the entire epidermis was separated together, retaining the form of the hand or foot, like a glove or a stocking. The colouring matter of the skin was also secreted in unusual quantity, and of an altered kind. The skin became brown or black in detached spots, or to a great extent; and in one case which I saw, in which the peculiar pain had extended from

the hands and feet very generally over the body, the integuments of the abdomen became in several places as black as the body of a negro. At the same time it was no rare thing to find considerable derangement of the mucous membranes. This took place at variable periods; sometimes at the commencement, sometimes in the progress of the disease. A great number of individuals complained of anorexia; the tongue became white; vomiting, and sometimes diarrhœa, occurred. The symptoms even, at the commencement of the epidemic, imitated the phenomena of irritant poisoning so much, as to excite suspicion in some cases. However, these digestive derangements were far from being universal. In many persons the appetite alone was disordered. In the majority there was no single symptom of the kind. We are, consequently, entitled to conclude, that the intestinal mucous membrane did not act as the cause of the disease,—that the occasional disturbance of its functions was merely an effect thereof. The vague nervous symptom of pain in the hands or feet, was the constant and primordial phenomena. The others were mere accidents, undeserving of our attention when we reason on the nature or causation of this strange disorder. But of this cause, we find here, as in the vast majority of epidemics, that it totally escapes our means of investigation. The anodynia now described prevailed in Paris for two successive springs and summers, having disappeared during the intervening months of winter. In the *third* spring, another epidemic, the *grippe*, appeared in its stead, and affected vast numbers of the population. Lastly, during the fourth spring, the devastating cholera burst out, and caused an awful mortality. The fifth spring is now commencing, and will be observed with deep interest by all who study the history and phenomena of epidemic diseases.

The duration of the symptoms varied, according to the individual affected, from some days to several months. As far as life was concerned, the prognosis was not grave, for no death occurred from this affection alone. It often, however, rendered the patients incapable of pursuing trade or employment for a great length of time, and thus occasioned much misery among the working classes. Like the cholera, it manifested a peculiar predilection for particular quarters of the town, some of which were crowded with inhabitants, to excess,—such as the Faubourgs St. Marceau and St. Denis, the Rue des Lombards, and the Cité generally. The Rue Godot and Place Maubert also furnished a vast number of cases. However, an equal proportion was supplied from airy and fashionable streets. The Rue Des Petits Augustins, in the Quartier St. Germain, was, for example, particularly visited. The Caserne de l'Ave Maria, and the Hospice near the Rue de l'Enfer, were also remarkably affected. Yet, in all these places, the diet, clothing, and habits of the population—in short, all their appreciable circumstances, were the same as in preceding years. How vain then it is for us to seek in such conditions the explanation of these mysterious occurrences! As to its mode of propagation, there were many speculations, none of which have been proved. From the fact of every inmate of some houses having been attacked, some concluded it to be contagious. This was not, however, a proof of that sort of transmission. However, the non-existence of contagion was, on the other hand, very far from being established, and there were facts in favour of the opinion of a very striking description. We must, consequently, neither receive nor reject that doctrine on the data at present before us. Of the pathological nature of the disease, no precise knowledge was arrived at. Its symptoms lead to a fair presumption, that it appertained to the nervous system, but this notion, whether true or false, has received no support from anatomical investigations. I have myself instituted the most minute researches into the state of the nervous system, centre, and ramifications, in some persons who died of other diseases while labouring under the epidemic, and I obtained no inferences of any consequence beyond this, that the acrodynia is one of those diseases which anatomical pathology is incompetent to elucidate.

As for the treatment of the acrodynia, a few words suffice to describe its nature and effects. No treatment whatever was radically efficacious, the disease running its course despite all medicinal efforts. I need not recount all the measures at first resorted to, but in a few months our therapeutics became very ample, and we contented ourselves with trying to give a little relief by the use of baths and narcotics. Various papers appeared on the subject at the time, but I would particularly refer you to the thesis by M. Garot, in which you will find it very ably discussed.

CONVULSIONS.

Before proceeding any further, I wish again to remind you, that we are not taking these diseases at random, but that they form a part of a regular series of a classification; one of the orders whereof was formed of lesions of sensation, another

of lesions of motion: the latter again included three species—namely, its exaltation or perversion, as in convulsions, spasms, chorea, and epilepsy, &c.; and its diminution or abolition, as in paralysis of different degrees of intensity—that is, when this phenomenon does not depend on a sufficiently evident organic cause, to remove it from the present place in our course, and assign it to a more special head. We shall now take that species in which the function of motion is exalted. Of this derangement, we find a remarkable example in *convulsions*—a term that implies the existence of a condition in which violent and involuntary muscular motions take place, either general or partial, and alternating with perfect relaxations, thus being distinguished from spasm, in which the contraction cannot be said to alternate. Convulsions may exist without loss of intelligence during their presence.

The causes of convulsions should be carefully studied, for, according to them must our treatment be varied, and without their knowledge we can never rely on the certain success of our therapeutic measures. Among the causes, then, especially those which predispose to the affection, difference in age is particularly to be considered, infants being much more liable to them than children of more mature years,—these again, then adults, and so on, the susceptibility diminishing as life advances. They may occur in perfect apparent health, may be but very transitory in duration, and disappear without leaving any trace of their existence. Various conditions of the animal economy present also peculiar susceptibilities in this respect; and first with regard to the state of the nervous system. Passing over the hereditary influence which has been apparently manifested in certain families, we usually find that in the children most disposed to convulsions, the head is large; they are remarkable for their extreme excitability, organic and intellectual; the skin is often very fine and fair, the muscular system but little developed; the eyes haggard, and wandering from object to object; they have frequent tremblings; they sleep little, and wake frequently in starts; their dreams are tormenting, and they cry out in terror; the aspect of these children is often absolutely frightful, their complexion is changeable, varying in a few minutes from red to pale, and *vice versâ*, and these changes seem to correspond with an oscillating degree of cerebral congestion. At the same time, the state of the digestive organs varies from a condition perfectly normal to a degree of derangement marked by dyspepsia, vomiting, and torpidity, or relaxation of the bowels. Besides the increased tendency to convulsions in children of this nervous constitution, there are many other nervous influences which also favour their development. Acute diseases frequently leave behind them this susceptibility. Strong emotions, such as fright, anger, and jealousy, also have the same involuntary effect. Involuntary imitation, too, is all-powerful, and has frequently been known to occasion convulsions; and what is still more curious is, that the voluntary simulation, or mocking of a convulsive disease, has, in several instances, occasioned the actual development of the disease so imitated.

A question has arisen, whether emotions experienced by the mother during pregnancy, can predispose the infant to convulsive affections. I must say, that I think the fact appears to be scarcely provèd, but there are strong circumstances tending to denote its occasional occurrence. Independently, again, of hereditary influence, it is an extraordinary fact that in some families, where both father and mother have been always exempt from convulsive diseases, all the children have, nevertheless, died in convulsions. Here, however, it would be well to ascertain, how far the imitation of the first child affected, led to the development of the disease in the others. The occurrence of convulsions seems also to favour their future return; indeed, the more frequently they happen, the more their future revival is to be apprehended.

In some individuals particularly predisposed to pain, though slight in degree, as a powerful excitant of these inordinate muscular contractions it is remarkable, sometimes, how trifling an irritation will produce this effect; but at this we need not be astonished, when we consider the extraordinarily violent symptoms now and then witnessed after the administration of infinitely minute doses of medicine. Only a few days ago, for instance, an injection of a two-ounce clyster, containing half a drachm of diascordium (a preparation containing in this quantity one grain of opium) into the rectum, induced all the symptoms of decided narcotism in a young man affected with phthisis. Not long before that, another patient was ordered a grain of kermes, to be taken in twelve divided doses, and which, to our astonishment, produced *twelve stools*.*

* In our report of clinical lectures delivered at Edinburgh, published in THE LANCET about three years back, there is a case of a girl who was nearly poisoned by fifteen drops of tincture of digitalis. Dr. Mackintosh, in his "Practice of Medicine," also relates an extraordinary case in which a single ablution of a small chancre with the black-wash, produced violent salivation.—ED. L.

The electrical state of the atmosphere on the approach of thunder storms has also been known to induce an attack. Various wounds, affecting nervous chords, have frequently the same effect. Different conditions of the digestive organs, also, operate thus. The powerful agency of dentition is incontestable in infants, and all inflammations of the gastro-enteric mucous membrane have a like tendency. The presence of foreign bodies in the alimentary canal is also a frequent cause, as well as the alteration of the natural secretions of the biliary or mucous apparatus, and accumulation of fæcal matter in the intestines. A case of this kind I once particularly noticed: it was a child of nine years old, who, without known cause, was attacked with convulsions. After seven days it was discovered, that the abdomen was very full and tense, and that during that time no fæces had been evacuated. Laxative medicines were immediately employed, and the child quickly recovered. On the other hand, the injudicious use of strong purgatives has also been known to occasion convulsions. In fact, any peculiar impression on the gastric mucous membrane is liable to have this effect. As for the influence of intestinal worms in this respect, the observation is almost of too trite experience to need repetition.

The condition of the principal functions in predisposed individuals also requires observation. The respiration presents no certain or invariable disorder; sometimes, but not universally, being hurried or embarrassed. The circulatory apparatus may modify or influence the production or course of convulsions, in various ways. Accelerated arterial action, however produced, may, if long-continued, react on the nervous system, and convulsions thus ensue. In children the predisposition is so strong, that a simple febrile movement often proves sufficient; and thus fevers of all descriptions may be regarded as an exciting cause. Many conditions of the blood itself also act as exciting causes. Plethora of the vessels thus excites convulsions under many different circumstances, as in the apoplectic tendency often noticed in infants recently separated from the mother, and which not uncommonly destroys life.

The opposite condition, too, namely, that of anæmia, as often leads to the same consequences, affording another remarkable instance of widely different causes inducing the same morbid phenomena. This anæmia may arise spontaneously, as in chlorosis, and be dependent on a defective condition of sanguification alone, and thus directly produce, or considerably aggravate the convulsions. The alteration of the qualities and quantity of the blood is also to be taken into account, especially the predominance of the serous portion, and corresponding deficiency of the colouring matter, as we see in the persons of the numerous pale, waxy-looking, flaccid, and half-lifeless children, whom we constantly meet with in our wards, and in whom the defective hæmatose is either the result of some particular malady, of imperfect diet, or of some obscure cause. Abundant hemorrhage is also well known to excite convulsions, as we see in animals bled to death in the slaughter-house, and in man also, especially in children, after wounds, or spontaneous bleeding. Nasal hemorrhage in children, even though to a very trifling quantity, operations on adults, in woman the loss of blood during parturition, or in uterine cancer, or in excessive menstruation, &c., all frequently act in this manner. In the production of convulsions, then, we must admit that the brain suffers equally from excessive or deficient supply of blood. It seems to be well ascertained that the brain, in order to preside correctly over the important acts which it influences or directs, must receive a certain mechanical commotion from the circulating system. When this fails, we have syncope; when it is great, compression and its phenomena; but in an inferior degree of either kind of derangement, the same effect, namely, convulsions, appears to be occasioned. Among the states of the blood which act in this manner, its admixture with various foreign substances may be mentioned; camphor, for example, in poisonous doses, has this effect; and a remarkable epidemic, attended with convulsions as one of its symptoms, not many years since prevailed in many parts of Europe, especially in Germany, and was distinctly traced to the mixture of poisonous plants with the food of the persons affected. The epidemic convulsive "*ergotism*" is an instance of this kind. Transfusion of blood is also to be included under this section of causes.

Some other causes remain to be noticed, one of which is of singular character, and, nevertheless, seems to rest on good authority. Strong mental emotions, strange to say, have, in a few instances, apparently rendered the milk of a mother a cause of convulsions in her infant. What is perhaps more curious is, that cases are on record, (one, for instance, is mentioned by Soemmering,) of females who suckle their own children safely, though their milk induces convulsions in others. As a general rule, all inordinate secretions may be regarded as causes. The suppression of secretions, too, sometimes has the same effect; increased activity in the movements of general nutrition, as in the ex-

cessive growth of children—various affections and accidents of the cutaneous covering, as, for instance, pricking by pins concealed in a child's dress—the irritation preliminary to cutaneous eruption—often occasion terrible affections of this kind. With respect to the genital organs, they, too, are often concerned, convulsions being frequently known to follow sexual abuse, especially onanism and masturbation; sometimes, also, the want of gratification of the natural passions, especially in females. Some women are seized with convulsions on their first menstruation; some on every recurrence of that discharge; in some this chain is interrupted by pregnancy; but in others, although the menses disappear, the monthly convulsions continue. Different organic lesions of the brain and nervous system, such as the presence of tubercles, concretions, &c., frequently act both as predisposing and exciting causes. Lastly, the cases are not rare, in which no cause whatever can be assigned or detected.

The symptoms of convulsions may be briefly and generally described. Commencing either in the course of other diseases, or in a state of perfect apparent health, the motions defined at the commencement of this lecture suddenly occur, and may assume a thousand different forms, or may be confined to particular parts of the body. Thus, they may exclusively affect the organs of respiration, or one of their constituent parts; the diaphragm may thus contract abnormally, and occasion the most frightful symptoms. The laryngeal muscles may act so as to produce extraordinary and involuntary cries.* The heart is also liable to be thus affected, and the intestinal and gastric muscles may be convulsed in like manner, producing involuntary dejections and frequent vomiting. Of the external parts of the body, the face is the most usually engaged. Next in frequency, the upper extremities, then the lower extremities, and, lastly, the muscles of the trunk. In one variety of convulsions, the intellect remains active, and consciousness is preserved during the paroxysms; in a second the consciousness is lost. During the access, the state of the pulse presents no constant phenomenon. The respiration is often embarrassed, a circumstance manifestly dependent on the impediment opposed to the mechanical function of respiration, by the convulsive movements of the thoracic muscles. During the paroxysm the skin is usually dry at the maximum, and becomes moist at its close; the urine is similarly suppressed at first, and then is discharged in increased quantity, and of a limpid colour. After the fit, the affected muscles are usually much pained, and are sometimes the seat of a considerable ecchymosis; their fibres may be lacerated, the bones broken, bent, or dislocated, especially in young persons. The duration of the paroxysm, as well as of the disease itself, is extremely uncertain. It may terminate in death, or recovery, or in uncertain and interrupted convalescence. In general, relapses are very frequent. It may terminate in hemorrhage, diarrhœa, or some similar evacuation. A remarkable fact observed by M. Husson in his brilliant researches on vaccination, is the frequent interruption of convulsions by the first insertion of the vaccine virus. Convulsions, finally, may produce various cerebral diseases, or prove immediately fatal by causing cerebral congestion, or complete asphyxia, dependent on the convulsive contraction of the heart, or the convulsive contraction of the diaphragm, larynx, or parietes of the thorax.

The treatment of convulsions varies according to the causes, both exciting and predisposing. *Emission of blood*, by venesection, is suitable in individuals in whom a plethoric disposition exists, or in whom there occur symptoms of cerebral congestion, of inflammation of the meninges, or of any other organs, especially of the gastro-intestinal apparatus. In the latter complication, leeches are of particular service, and in any of the affections particularized, they are applied with benefit to the region affected. In dentition, again, when the gums are red and inflamed, their scarification does much service. These are the chief indications for detraction of blood; but it is essential to know that this evacuation may do infinite mischief. *Narcotics* are of use in some cases, as when there exists a tendency to hyperæsthesia, or increased irritability of the system; but where cerebral congestion exists, they do corresponding mischief. *Stimulants* are of value, again, in certain instances; and of this class of remedies the best are ammonia, etherial preparations, valerian, camphor, castor, either injected into the stomach, or used as lavements in fit proportions and combinations. Certain *specific* remedies have also from time to time been proposed, such as the magistery of bismuth (the value of which is not proved), and the oxyde of zinc, which M. Braschet of Lyons recommends in doses of from two to five grains every third hour. There are no facts, however, on record which entitle us to rely on

* Only a few mornings since, a boy attended at M. Dupuytren's consultation at the Hotel Dieu, whose laryngeal muscles were so strangely convulsed, that every now and then he gave a sharp involuntary bark, like a terrier.—*Reporter.*

this medicine. As general remedies of use in appropriate cases, are mild purgatives, such as calomel, almond oil, &c.;—baths and emollient applications, when the convulsions depend on cutaneous irritation;—when the head is affected, cold applications;—when a cutaneous eruption has been repelled, or is on the point of appearing, external warmth, vapour to the soles of the feet, or very hot baths even to the whole body, and, lastly, frictions, with various stimulants, sinapisms, vesicatories, &c., as occasion may require. I must, however, content myself here with the repetition of the important precept which I mentioned when I commenced, namely, that it is in the *causes* of the convulsions that we must seek for the indications of treatment. The former once ascertained, the latter becomes infinitely less difficult.

CASE OF

SCROFULOUS CARIES

OF THE

BONES,

SUCCESSFULLY TREATED AFTER SEVENTEEN YEARS STANDING.

To the Editor of THE LANCET.

SIR,—If long-continued human suffering, from whatever cause it may arise, can add to the interest of a case, the following may claim some notice in the pages of your invaluable journal. That part of the case which relates to the secondary hemorrhage, after the patient had suffered amputation, has already been noticed in two other medical journals, but the previous history and conclusion of the case have not as yet been published.

I am, Sir, your obedient servant,

GEORGE DOUCHEZ, M.R.C.S.L.

34, Golden Square, March 1833.

CASE.

April 2nd, 1828.—John Willmott, æt. 37, prompter of the Theatre-Royal, Drury-Lane; considerably emaciated; ill since he was twenty years of age. He informs me that neither his father, mother, nor any of his relations, ever had any scrofulous disease. The following particulars I obtained upon investigating his case. He states that the first appearance which presented itself, was on the right-hand, in the space between the metacarpal bone of the fore-finger and thumb. It commenced by an indurated tumour, with a hole in its centre, of a very indolent character. He applied to Mr. Potter in Leominster, who directed it to be poulticed, and the hole to be filled up with the nitric oxide of mercury. The poultices were continued for between two and three months. He then consulted Mr. —— at Chepstow, who made a crucial incision, and over that put a suppurating plaster. He remained under this gentleman's care for between two and three months, but experiencing no relief, he went to Bristol, and applied to Mr. Smith, who ordered a plaster to be applied, and medicines to be taken. Still obtaining no relief, he went and placed himself under the professional treatment of Dr. Shoote, who directed him to apply a hemlock poultice, and to drink lime-water mixed with ivy-tea. The thumb, under this course of treatment, got well in about six months. Of this, an extensive cicatrix remains to be seen. It had scarcely healed when another lump came on the second joint of the third finger on the same hand. Plasters were applied and frequently removed. Three months afterwards it broke, when a piece of dead bone was removed. It was two years before this was well. In consequence of this the finger is now contracted, the extensor tendon being destroyed. Two large abscesses then came on the forehead. They were poulticed until they broke, and they then healed up in about six months. An abscess next came on the chest, just below the right clavicle (treated by himself), which was poulticed until it broke, and then the *cerat. resinæ* was applied until it healed. This was also about six months open. Enlargement of the synovial bags of the left ancle then took place, for which he applied to what is commonly called a "herb Doctor," residing in Bristol, who directed him to drink marshmallow tea, and applied some herbs and plasters to the ancle. He was under this man's care for twelve months. Six months after the swelling of the synovial bags took place, the ancle ulcerated, but healed up again in six months. He then went to Bath, and consulted Mr. Edwards, for a swelling which appeared in the centre of the forehead, after a severe headach for nine months, situated between the two former places. He was directed to take the *decoct. sarsæ comp.* In a short time it broke, when a portion of bone was seen protruding through the wound, which was afterwards removed by a pair of strong forceps. It was about the size of a half-crown piece, and about the eighth of an inch in thickness. It got well in a very short space of time. He remained free from any wound for a short time, but suffered severe pains in various parts of his body. He then went to Croydon, where a swelling came in the inner part of the right knee, and he placed himself under the

care of a surgeon, who opened it, and let out a teacupful of matter. This remained open for three months at Croydon, and twelvemonths at Worthing, to which place he went, and put himself under the care of Mr. Morrah, who directed linseed-meal poultices to be applied, plasters of the *ung. hydr. nit. oxyd.*, and a lotion of *diluted nitric acid*. By this treatment he was slightly benefited. He then came to London (this was about the year 1820), and remained free from any wound for twelve months, although disease had commenced and had been going on all that time in the other knee. Another abscess then began to form itself in the knee, which broke in about three months, and he went back to Mr. Morrah, at Worthing. This was nine months in getting well.

At the latter end of the year 1822, the inside of the left ancle began to swell, when he saw Mr. Carpue, who directed poultices to be applied. In January, 1823, an abscess, which had then formed, broke, and ulceration went on until the bone was exposed, and proved to be in a carious state. Several pieces of the bone were then removed, and in ten weeks the wound became much better, but still there was a large portion of carious bone to be seen. In about a month it became so much worse, that he was obliged to use crutches. In May he went to Mr. Riches in the Strand, who prescribed vapour-baths, infallible plasters, herb-tea, &c. &c., all of which afforded him no relief. He continued under Mr. Riches's care until the following December, when he applied to Mr. Farr, of Upper Montague Street, under whose care he was from January 1824 till October 1827. He found relief from the remedies which were employed, from time to time by Mr. Farr. The leg, however, continued to get worse; until the bones became so affected by caries, and the knee so contracted, that he was at length advised by Mr. Farr to submit to amputation. He consulted various surgeons of eminence in this town, all of whom concurred in the propriety of having the leg removed. He accordingly went into the *Middlesex Hospital*, for the express purpose of undergoing the operation, which was performed, above the knee, by Mr. Mayo, on the 10th of October, 1827. He left the hospital on the 18th of November following, with the stump very far from being healed; the fact was, that ulceration was going on. On the evening of the 19th of December, whilst attending to his duties in the theatre, the femoral artery gave way, and had it not been for the prompt manner in which he compressed the artery above, he must have bled to death. Cords and ribbons were then tied tightly round the stump, until a tourniquet could be procured, which being done he was again conveyed to the *Middlesex Hospital*, where he underwent the operation of having the common femoral artery tied (just after it passes under Poupart's ligament) by Mr. Mayo, who had been sent for to see him at the theatre. The ligature remained on for twenty-one days after the operation, the particulars of which operation were noticed in the Medical Gazette and Johnson's Review. He left the hospital a second time on the 19th of February 1828, without the stump being healed. A piece of bone had been taken out from the stump whilst in the hospital, and for some weeks before he left, the other ancle began to swell and became excessively painful, but for which nothing was done. After he left the hospital he again applied to Mr. Farr, but obtained no relief. All the consolation he received was, that this leg would share the same fate as the former. He had now, for some time, been an object of misery to himself, and of pity to the world. In fact "death" was his prayer. He was obliged to be carried about like an infant in arms. From his home he was carried and put into a chair, and from thence he was wheeled to the theatre; after which he was carried into the prompter's box; and then again, when the performance was over, he returned by means of the same conveyance.

On the 2nd of April, 1828, he sent for me, and gave me the account which I have just related of his case. He was exceedingly emaciated, and had a countenance which bespoke long-continued suffering. He complained that he had not been able to sleep for many nights for the excessive pain in his right ancle. The synovial bags were very much enlarged, and he could not bear the slightest pressure on the ancle. The foot was turned inwards.

On examining the stump, I found that extensive ulceration was going on, so much so, that the stump was completely open. He also had an extensive swelling on the left arm; he likewise complained of severe pains in his limbs; abdomen large; tongue pale; bowels regular; pulse quiet and strong, 110 per minute. I ordered five-and-twenty leeches to be applied to the ancle every other day, and a mixture, composed of the *vin. colchici* and *carbonate* and *sulphate of magnesia*. For about a week there was no improvement, and he was still unable to sleep at night, from the pain in his ancle. I ordered him to go on with the mixture, to take six grains of the *extract of lettuce* every night, and to rub in

an ointment composed of one drachm of the *tartarized antimony* and an ounce of lard, which was continued until a large crop of pimples was brought out. I dressed the stump every day with pledgets of lint dipped in a lotion of the *chloruret of soda* (and occasionally Bates's wash), simple dressing, compress of lint, strips of adhesive plaster, and a bandage. The ancle continuing to get worse and more painful, I determined upon the employment of *iodine* externally, having used it successfully in similar cases, and accordingly ordered it to be used, night and morning, combined with the *extract of belladonna*. Under this treatment the ancle began to improve, and in the space of a fortnight from this application, the ancle was quite well, except contraction of the joint, which was afterwards restored by the use of moxa; I now applied poultices to the arm, and ordered him medicines to better his general health, and to rub in *iodine* over the abdomen, a practice which I have pursued in numerous cases with the greatest success. I also made an issue in his arm, having in several cases witnessed the ill effects of entirely removing long-continued discharges from the system. Under this treatment his health rapidly improved, and in five months his stump was perfectly healed. In January 1829, I removed a piece of bone from the abscess which had formed upon his arm, and he was in perfect health, except as regarded the healing of the abscess, which was impeded by another portion of bone, which I removed on the 12th of March 1829. This healed up in two or three days.

Since the above-mentioned time, now a period of four years, he has not had any return of his complaint, and, instead of being a poor emaciated creature, is a stout healthy man, pursuing his avocations with comfort and pleasure.

CONTRACTION OF THE UTERUS.—ERGOT OF RYE.

To the Editor of THE LANCET.

SIR,—In No. 490 of THE LANCET (January 19th), there is the report of a debate on the function of the uterus, which occurred at the *London Medical Society*, and in which a variety of discordant opinions was expressed on the powers of that organ. It appears somewhat extraordinary that so much difference of sentiment should exist amongst well-informed men,—who have had extensive opportunities of observing the admirable and almost omnipotent powers of the uterus in the process of parturition.

In the debate in question one gentleman states, or implies, that with almost the touch of a finger he can retard the labour, to suit his convenience, or ensure the safety of the perineum; while another, equally positively, states the power to be strong enough to overcome all resistance, even "to eject him from the bedside of the patient, or out of the room." Do these differences arise from want of close observation, or from the ever-varying power of the uterus itself? However it be, the young practitioner must be sadly perplexed, when he comes to the bed-side of the patient, to know how to act.

Hour-glass contraction of the uterus (the subject which gave rise to the discussion) is, I consider, of rather rare occurrence, for in about 1500 cases that I have attended, I find, on reference to my note-book, but two of hour-glass contraction. No mention is made of hasty delivery; but it does not unfrequently happen in well-formed women, that the child is expelled after the rupture of the membranes, by one long-continued effort, which no force that it is prudent to employ can for a moment prevent.

The contraction of the os uteri, enclosing the placenta, is of more common occurrence, but is easily overcome by carrying the fingers along the funis, and insinuating them, wedge-like, through the contraction. Some hemorrhage occasionally occurs, but, as far as my observation goes, not to an alarming extent.

The regular contraction of the uterus is secured and much facilitated by grasping it with the hand externally, immediately after the expulsion of the fœtus—a practice I invariably adopt; and, unless there is some preternatural adhesion of the placenta, by gently drawing the chord with the right-hand, while the uterus is grasped with the left, it may be generally withdrawn, and the uterus securely contracted within ten minutes after the birth of the child, when alarming hemorrhage will rarely be found to follow. The placenta will sometimes continue for an hour or two in the womb, that organ being in a state of quiescence during the time. I have sometimes witnessed this in cases attended by my pupils; but the moment the uterus is grasped, rather firmly, by the hand externally, it may be felt to contract forcibly, and the placenta is immediately expelled by the means stated before.

When such a diversity of opinion is entertained as to the natural powers of the uterus,—a power much influenced by the constitutional irritability of the patient,—we need not be surprised at the various statements respecting the powers of the secale cornutum. Some persons, judging

from the results of a solitary case or two, imagine it only necessary to be armed with a drachm or so of this potent remedy, when all difficulties must vanish. The vectis, forceps, and even the perforator, are no longer required; but, like the wishing-cap of the Arabian Knights, it subdues all obstacles, and makes everything bend to the will of its possessor. Now without denying the specific effects of the ergot upon the action of the uterus, I think we ought to be extremely cautious in giving a positive opinion on a subject, when, from the nature of the circumstances, we can have but *negative* evidence; especially with such a capricious organ as the one in question. It is well known, that after a woman has had trifling and inefficient pains for hours, violent and long-continued action will come on suddenly, and without any obvious reason. Also, from protracted and ineffectual efforts, when there is rigidity of the soft parts, or from other causes, the head of the patient will become confused, the face flushed, and the pulse full and slow, from local congestions. Here, after relieving the system by the abstraction of from 12 to 20 ounces of blood, the energies of nature will be restored, and the delivery accomplished without medicinal aid. Add to this, when two or three half-drachm doses of the ergot are given, as I have very frequently done, without any, or very little, increased action of the uterus, it is not unreasonable to doubt the infallible power which has been ascribed to it by some writers who have occupied the pages of your valuable journal. For it ought to be remembered, that when the ergot is given without effect, the evidence is *positive* of its failure; while, on the contrary, we can never be certain that the increased action following the administration of the medicine arises from its effects.

I am, Sir,
Your very obedient servant,
THOMAS WEDDELL.

Scarborough, March 15th, 1833.

LITHOTRITY IN AMERICA.—Though we have not, in America, yet enjoyed the advantage of witnessing the application of the new instruments by professed lithotritists, the few successful trials made by our own surgeons, some of whom have practised in France under Civiale and Le Roy, aided by the mass of testimonies in its favour from abroad, have in great measure silenced the opposition of those who used to sneer at it as a piece of French humbug. The British surgeons seem now generally to regard lithotrity as a highly superior operation.—*Amer. Journ. Med. Sci.*

WESTMINSTER MEDICAL SOCIETY,

Saturday, March 30th, 1833.

Dr. JEWEL in the Chair.

FUNCTIONS OF THE RECTUM.

[At the meeting of April 6th, a man is to be exhibited by Mr. Holt,* the surface of whose body, excepting the face, palms, and soles, presents rather the character of a beast's hide, than a human skin,—an unique disease allied to ichthyosis or elephantiasis, in appearance, and in some parts bristly with hair.] This evening,

Mr. NORTH requested that the anatomists present would give their opinion on the theory of Dr. O'Beirne, who, in a work on "Defecation," lately published, contends that the rectum is not, as usually taught by anatomists, a "receptacle for fæces," but a kind of *sphincter intestinorum*,—whose office is to the whole alimentary canal, that which the sphincters ani are usually considered to be to the rectum.—The question (observed the speaker) involves an important practical point, for it tends to account for the frequent inefficiency of enemata, and to show that (as Dr. O'B. recommends), in order to secure their effectual administration, a tube should first be introduced up to the termination of the sigmoid flexure of the colon, the point at which, he says, the canal ceases to contain fæces, except at the moment before an evacuation is begun. Dr. O'Beirne believes that clysters, according to the ordinary mode of exhibition, only go as high as the termination of the colon, instead of being injected among the fæces. His work is a very pertinent one, has the merit of originality, and contains views of great practical utility, and has been more tartly treated in one or two publications, than it seems to me to deserve. The course the author pursued was this: he first observed certain facts tending to establish his views, then apparently confirmed them by experiment, and next told them to his friends, who then put them to the test in cases of obstinate constipation, tympanitis, and produced confirmatory results. As I see several anatomists in the room, I have risen to ask if they are aware of the existence of any valve, or anything so very angular in the mode in which the sigmoid flexure of the colon terminates, as to be calculated to prevent the fæces from entering the rectum, except at the moment when an evacuation is about to take place.

* Sir Andrew Cant's make-believe-holiness Bill not yet having the power to prevent medical societies from profaning the Easter week.

Mr. Richard Quain (London University). I have not the slightest knowledge of any such anatomical fact. I have merely seen an advertisement of Dr. O'Beirne's book, and do not know more of his views than Mr. North has communicated, but my impression is, that the rectum is a receptacle for fæces. I have certainly often seen them there. I have also seen them issue from an incision made in the perineum; though, to be sure, the operation may have brought on the peristaltic action. I have seen the meconium of a child in the rectum. I have often seen a hardened barrier of fæces broken down in the rectum with the finger. As to the existence of anything like a valve between the sigmoid flexure of the colon and the rectum, I know of none, nor of anything that could act as one. If it was nature's intention that the fæces should not enter the rectum as a receptacle for them, she would have provided better to that end than she appears anatomically to have done; for there is a valve between the stomach and the small intestines, and there is the ileo-cæcal valve, but none at the sigmoid flexure of the colon. These facts certainly do not justify us in deciding positively against the position of Dr. O'Beirne, if he have any absolute fact to the contrary, but they bear strongly on the other side.

Mr. Holt suggested that the mal-administration of enemas was, generally, the result of using a straight clyster pipe, the end of which must go against the side of the rectum, instead of opening into it. He always used a curved one himself, with an increase of advantage.

Dr. Epps thought that Dr. O'Beirne went a little too far in his conclusions, and that though the rectum did not generally contain fæces in common with the rest of the canal, yet that sometimes they might be found there.

Mr. Hunt refused his assent to the new doctrine, and would state a case in point. He was lately sent for to a nobleman who had been suffering greatly during the night, from inability to evacuate his fæces in a healthy manner. Some portions, however, had dropped about the room during his perambulations, and the discovery of this induced him (Mr. Hunt) to examine the rectum, which he found completely gorged with fæcal matter. He accordingly began to remove it, first with a marrow spoon, and then with a larger, but succeeded in bringing away only a very small quantity. He next tried to administer a clyster, but was entirely foiled in the act, by the pipe passing into a clot of fæces. He then procured a long tube, got it beyond the engorgement, and thus at last enabled the purgatives, which he had also been giving, to produce a copious evacuation. This was but one of many cases in which he had known a short pipe to be stopped by fæces. He wished to ask, moreover, how it was that purgatives would always produce a peculiar change in the whole contents of the alimentary canal but the lower, which being in the rectum, came away unaltered.

Mr. Clapp thought that the rectum was continually occupied by fæces.

Mr. North said he had put his question to six or seven of the first teachers of anatomy in London, and found as many who were sure that the rectum was not a receptacle for fæces, as there were of a contrary opinion.

Mr. Chinnock was disposed to think that, generally speaking, it was not a receptacle for fæces.

The Chairman dissented from Dr. O'Beirne's opinion. In a case of communication between the rectum and vagina, where Mr. Brodie recommended a division of the sphincter (which cured the complaint), the lady told him that for some time before the operation was performed, she often saw fæcal matter on the napkin, which came from the rectum without her having experienced any inclination to pass her fæces.

Mr. Beevor, in support of Dr. O'Beirne's view, mentioned a case of cancer of the rectum at the Middlesex Hospital, in which Mr. Mayo excised two inches of the rectum without the woman at all losing the power to retain her fæces, and although she afterwards even had prolapsus recti to the extent of two or three inches more, fæcal matter never escaped from her involuntarily.

Mr. Quain, towards the close of the discussion, which terminated in a few remarks on constipation, said that he was acquainted with a distinguished officer in the army, now an old gentleman, who hunted with great ardour, whom he had seen mounting his horse on the twenty-first day from the one on which he had previously had a motion of the bowels, notwithstanding which he was in perfect health, and was not unused to the occurrence of such enormous intervals. His habit was very cold and leuco-phlegmatic, but he was stout and remarkably healthy.

DEATH FROM FRACTURE, ETC., OF CERVICAL VERTEBRÆ.

Mr. Quain.—As there is a pause in the debate, I will relate to the Society a rare case which has lately come under my notice. An old gentleman, the father of a surgeon, who had for a long time been

confined to his bed from decrepitude, had invented a means for raising himself up from the recumbent posture, with his face forward.' On one occasion, while he had hold of the bar for this purpose, he suddenly felt as though a rotten stick had broken in his neck. Next day he had some pain in that part, and it became stiff. With the hope of improving his health, he shortly afterwards went into Devonshire, but became worse, and returned to town, when I saw him, in conjunction with Dr. Copland. His neck then appeared to be exceedingly swollen, not from any tumour, but from the rigid contraction acquired by the muscles in consequence of their having to perform the duties of the cervical vertebræ. He continued to suffer frequent fits of pain daily for thirteen months, and at length died. He had, throughout, a difficulty of breathing, but nothing like a paralysis of the lungs, probably because pressure on the spinal chord was above the origin of the nerve that supplies the diaphragm. Dr. Copland thought there was deposition on the membrane covering the chord, and gave him camphor and other stimulants, though I myself thought them of no use. His diagnosis proved to be correct. On examination, we found the second cervical vertebra broken, and considerable effusion of lymph external to the spinal chord. This is one of a very small number of cases of the same kind, and is curious from its rarity. I have known but one other instance, and that occurred to me and Mr. Forster (we think Mr. Quain said) at Dublin. An ulcer at the back of the neck had, in that case, extended to one of the vertebræ, and destroyed it, and the same swollen appearance of the neck came on, the head remaining fixed in one position when the body was turned. Eleven months after this, as he was one day sitting up in bed, a door near him was slammed to, and so startled him, that the muscles suddenly relaxed, his head dropped, and he died. It was the recollection of the aspect of the neck in this case, knowing that the vertebra was destroyed, that induced me to suspect a fracture of the vertebra in the old gentleman's case.

INTERVALS BETWEEN CHILD-BEARING.

Dr. Epps, another pause having occurred, begged to put the following question to the Society. Is it possible for a woman to have a fourth child thirty-five years after the birth of the first she has borne? A claim, grounded on the affirmative averment, had lately been set up, and the parties, pro and con, were going into court accordingly, to settle a question of property which arose out of it. The woman must, if true, have been sixteen years of age when she had her first child. He (Dr. Epps) had, in searching for precedents, met with a case where a woman had actually given birth to twenty-seven children in twenty-seven years, and two women, a mother and a daughter, had lately come to the Vaccine Institution, each with her own *infant* in her arms, but neither of these cases presented so long an interval as the case first mentioned, the veracity of which was about to be disputed on the score, probably, of its impossibility.

It was allowed by those who commented on this statement, that if the woman had continued to menstruate (subject merely to casual interruptions) from fifteen to fifty years of age, there was no physiological reason why conception should not take place at any period in that interval.

CHLORIDE OF SODA IN BURNS, SCALDS, AND BLACK-EYES.

Mr. Holt, at the next pause, took the opportunity of recommending the above remedy as the best within his knowledge. He was called to a child that had pulled a saucepan of boiling water over its face and chest, on Monday, by which the whole of the cuticle was destroyed. He had four ounces of the solution of chlorine and water made up and applied, and subsequently chlorine mixed with unguentum cetacei spread on the parts. The result was, that by the following Saturday, the injured part was perfectly well, while a small portion on the back, treated by other means, was unhealed for a fortnight. He particularly recommended the use of the chlorine where vesication had not yet taken place; and pledged his veracity, that if applied immediately after a scald had occurred, not the slightest scar would remain. Where the skin was broken, it was his custom to make the lotion of four ounces to a pint of water, and the ointment of a consistence not quite so thin as cream. Amongst other cases he cited was one of a solicitor, whose hands were much blistered in putting out the flames of his bed curtains, fired by his servant. He (Mr. Holt) sent a couple of quarts of the lotion to this gentleman, had it poured into soup plates, wrapped his hands in lint, as no skin was broken, placed them in the plates, and kept them there some time, and the next morning his hands were so perfectly well, that only one small dried patch of burn existed; and he was not out of his office an hour in consequence of the injury. An hour and a half had elapsed before the application. For the first few minutes the remedy increases the pain, but after that

it produces ease. He would also state, that he knew of nothing so efficacious in a "black-eye" as the application of a solution of chlorine. It would disperse the awkward effects of a blow in that direction, almost like a charm.*

ADVERTISING DENTISTS.—HEMORRHAGE FROM THE JAWS.

At the close of Mr. Delafons's paper on the 23rd, a member inquired of Mr. Delafons, what was his opinion of the various "anodyne cements" and "mineral succedanea" in use, and the destruction of the nerve.

Mr. DELAFONS said,—It is intimated in my paper, that they are all trash; and the competency of their proprietors may be judged when I mention, that I saw a person the other day in whom the interval between two teeth had actually been plugged up with "anodyne cement," under the impression that the space was a dental decay, which required stopping. Holes in the teeth, in fact, are repeatedly stuffed in total ignorance of the disease. Exostosis of the teeth is often treated by plugging. Nothing can be more improper. As to the nerve, many persons certainly imagine that by destroying it all pain will be ended; and sure enough it is that you do destroy all sensation in the tooth itself, but then the devitalised bone will still give pain, in the same manner that a common splinter would irritate the surrounding parts.

Mr. CHINNOCK. Such blunders are constantly coming under our notice. I was called the other day to a case where one of the most noted of our advertising dentists having taken out a tooth, and produced great hemorrhage, removed two more teeth, one after the other, to stop it, and finally filled the hole made by his scientific operations with melted wax, to arrest the bleeding, having previously plugged it up in every other possible way without success. In the middle of the same night, the lady sent for me in consequence of the wax failing. Excessive hemorrhage had again come on. I immediately cleared out all the stopping, and then tried to stop the blood, but could not possibly accomplish it. After forty-eight hours' suffering, by which time the patient was almost drained, I got Mr. Brodie to see the case, when we applied the actual cautery (a sound heated to a white heat and introduced into the socket) twenty-eight times, before he succeeded in arresting the hemorrhage. Exostosis of the jaw followed the operations of the precious dentist, who, famous as he is, evidently did not know the most ordinary rules of surgery. He was asked to meet Mr. Brodie, but this he could not be induced to do, or to state upon what principle he had extracted the three teeth, which were all large molars, two lower and one upper. This lady, I may add, generally so freely lost blood, that a single leech would cause her to bleed immensely. What does Mr. Delafons think of styptics?

Mr. DELAFONS. Persons often use them to stop hemorrhage from the teeth, by means of a pledget, but not upon a sound principle. Styptics are all very well when applied to a muscular wound, but what can they do on a bare bone? The great error in using pledgets is, that bungling ones are usually put in instead of sound ones; the addition of a styptic under any circumstances is useless, for it is speedily so weakened by the admixture of blood, that all its power is destroyed. In your case it would have had no kind of effect.

Professor JONES QUAIN mentioned a case in which the hemorrhage was excessive after extraction, and defied his efforts to stop it until he took the tooth and replaced it in the jaw. The curious physiological fact resulted, that pain was again experienced in that tooth, and the lady wished to have it removed once more,—a request, however, to which he would not give his consent.

Mr. DELAFONS thought the restoration might occasionally be a good plan. Speaking of the detection of unsound fangs, he said, that sounding the teeth in different directions would almost invariably discover the bad one, as the sensation experienced on striking the secretly decayed tooth, or tooth suffering exostosis, was distinctly different from that felt in the others.

At the close of the proceedings some censures were passed, and, as it seemed, fully approved of by the members present, on the conduct of a large number of official absentees. From what was stated it appears that, with one or two exceptions, the members of the committee, and the former presidents and vice-presidents, have kept away from nearly all the meetings of this season, and that the former have altogether neglected such trifling duties as attach to their offices, to the great discredit of the Society, and without apparent ground for the absenteeism. Surely the gentlemen referred to, whoever they may be, only need to be made acquainted with the feeling which prevails on the subject, to prevent future cause for complaint, which, on the face of the thing, certainly seems to be very just.

---

* In some of the northern counties of England, the working men treat a black-eye very beneficially, by sucking with the mouth, for a short period, behind the bruised man's ear.

LONDON MEDICAL SOCIETY,

Monday, April 1st, 1833.

Mr. KINGDON, President.

EFFECTS OF TEA AND COFFEE DRINKING.

A PAPER on the deleterious effects of tea and coffee was offered to the Society, through the secretary, with the request that, in order to induce the freest discussion on its contents, it might be read without mention of the author's name. It had been examined by the President, and approved, but there was sufficient demur to its reception as an anonymous production, to induce the author to avow himself as

Mr. COLE, and the paper was then read by the secretary, Mr. Headland. It consisted of a record of cases in which the author had observed injurious effects following both the habitual and the occasional use of tea and coffee (with deductions therefrom), those effects, however, being produced in persons who, when the accession of disorder was noticed, were already suffering from disease. Circumstances do not allow us to devote a lengthened space at present to an analysis of the paper, if the various opinions of the speakers who occupied a crowded room, be at the same time recorded. The latter possessing the more temporary interest, are now subjoined, and on another occasion a quotation from some of the well-marked cases in Mr. Coles's paper may prove both useful and interesting.

The PRESIDENT expressed opinions much in coincidence with those of Mr. Cole, and stated that tea and coffee produced very undesirable effects on him, according to the periods at which they were taken. He had, for many years, advised dyspeptic patients to forego the use of tea.

Mr. PROCTOR did not think that the paper settled the chief point which needed discussing—namely, the effect of tea on a *healthy* stomach. The cases quoted certainly showed that tea tended to aggravate the diseases of dyspeptic persons, but nothing more. Moreover, though tea might be injurious for breakfast, it was repeatedly beneficial in its effects in the evening. It had often relieved headach in his own person.

Dr. SHEARMAN said, that the opinion of Mr. Cole was in direct opposition to that entertained on the subject, of late years, by most men. Instead of depressing, its effects were now usually considered to be stimulating. The fact was rather against the soundness of the author's view, that deleterious effects were ascribed to three distinct beverages—green tea, black tea, and coffee. There must, therefore, be some evil common to them all, which relieved the several bases of these solutions from the odium which was affixed to them. There were few of the members who after dinner—for instance after a good feed at the anniversary meeting of the Society—had not experienced reviving and beneficial effects from the calumniated fluids.

Mr. DENDY wished to know whether Mr. Cole ascribed any particular effects to a high or low temperature of the beverage drunk. To which Mr. Cole replied "none," though hot tea might be more stimulating than cold.

Dr. UWINS thought that tea was only one of the many practices introduced by modern artificial society, which tended to produce dyspepsia and the other ill effects which were sometimes charged to the account of tea-drinking. He was, himself, a slave to the teapot, morning and evening, and might produce very ill effects by his devotion to crockery but that he was in the habit of cheating the poison by giving it a good sop of dry toast. The substitution of tea for the more substantial diet of our forefathers, was, certainly, a good change, though some evils might lie in the opposite scale.

Dr. CHOLMONDELY considered that tea was an excellent and appropriate beverage, and its ill effects, when it exhibited any, were the effects of unreasonably strong solutions. Its invigorating powers after a journey all knew; and often, too, on other occasions. He was acquainted with one case, in fact, and could add others to it, where the only relief from oppressive headach was obtained by the patient from tea, which she kept constantly by her bed-side; and whenever injudiciously alarmed friends persuaded her to abandon it, she was invariably compelled to return again to its use, as the only thing from which she could derive comfort and solace. To the poor, tea aided to form a most agreeable meal; and Dr. Johnson, the great lexicographer, was a notorious example of its congeniality with the human system.

Dr. WHITING's opinion precisely accorded with that of Dr. Cholmondely, and he was satisfied that tea did no harm where there was not actual disease of the stomach, or of parts which sympathised with that organ when deranged. It was a powerful agent, however, when strong. He was conversing lately with a pupil who had made the following experiment on the subject. He brewed an infusion of tea as strong as possible; using, in fact, as much tea as the water would take up. Of this he drank largely. Great depression followed at night, a kind of delirium came over the senses, he could obtain no sleep, and it

was not until the middle of the next day that he recovered from its effects. He (Dr. Whiting) himself could take tea in the morning with great enjoyment and advantage. He had tried milk, and milk-and-water, as substitutes for it, but always experienced mental confusion afterwards, when proceeding about the business of the day, from which he was subsequently driven to relieve himself by tea. At night, however, it would occasion a trashy kind of sleep, if he exceeded the quantity of a very small cupfull, and it produced injurious effects when taken during periods of great mental exertion.

Mr. STEPHENS was much addicted to tea drinking, yet never experienced bad results therefrom. He could trace as many ill effects to dinners, if he chose, as were ascribed to tea.

Mr. COLE, in reply, said, that if the various speakers, instead of drawing inferences from their personal experience, were to observe the effects produced on their patients by the habit in question, they would, he thought, be strong in their condemnations of it. It was the depressing effects of tea which, he thought, in the middle of the day, drove poor people to gin-drinking. Of one thing he was quite satisfied, that in all cases of disease of the heart, tea invariably aggravated the symptoms. He had, himself, greatly suffered from it, and a single teaspoonful would distressingly accelerate the action of his heart.

In conclusion, Dr. SHEARMAN suggested, that, commonly, the dose of sugar mixed with the infusion, really did the mischief when any occurred; and that fine green tea was more likely, of the two teas, to derange the stomach. Dr. WHITING thought the subject a profitable one for discussion, and that the able paper of Mr. Cole would tend to make them turn a careful attention to the effects of tea, which, from its extensive use, deserved more consideration, in a medical point of view, than it usually obtained.

*** The subject for the Fothergilian medal in 1834, is "Diseases of the Urethra;" and for that in 1835, "The Pathology, Causes, and Treatment of Puerperal Fever."

ELATERIUM.—Mr. H. BIRD (of Southampton-terrace, Kentish-town) expresses his surprise that Dr. Uwins should have recommended elaterium in rheumatism as "something new." "Ten years ago," Mr. Bird says, "that excellent physician, Dr. Roots, prescribed it successfully at St. Pancras Infirmary and St. Thomas's Hospital, where," he adds, "almost all the new and important medicines discovered of late years have been administered by him."

HERMAPHRODISM.

An Anatomical and Physiological Inquiry into the Nature of Hermaphrodism in Man and Animals. By J. G. SAINT-HILAIRE. Paris, 1833.

WE have already mentioned (LANCET, No. 494, page 666), that M. ST.-HILAIRE lately presented to the Academy of Sciences a paper upon the above highly interesting subject, and has given a brief summary of the conclusions contained therein. MM. Serres and Dutrochet were intrusted with the charge of making a report on the manuscript, which is of so interesting a character, that we now intend to present our readers with a very ample analysis of its contents. Hermaphrodism, in its perfect state, is frequently observed in the lower classes of organised beings. Existing in vegetables and several of the inferior animals, it disappears almost completely as we ascend higher in the scale, and is never found, except as an anomaly, in insects, the crustaceæ, and vertebrated animals.

The researches of St.-Hilaire have been chiefly directed to the different modifications presented by the latter class of hermaphrodisms; he has examined the numerous facts contained in the writings of Haller, Blumenbach, Rudolphi, Meckel, Beclard, &c., submitted them to a strict and careful analysis, and—by a happy application of comparative anatomy, and the laws which govern organisation—has been able to reduce the varied forms of hermaphrodism, under certain general principles. For this attempt the previous labours of M. Serres had, in a great measure, prepared the way. That excellent anatomist has revealed the process which nature pursues in the development of the several organs, whether such development be successive or simultaneous. He has proved that in mammalia, the fœtus passes through different degrees of organic forms, each of which, in its transitory state, corresponds with some fixed and normal organisation of an animal placed lower in the scale of creation. Thus we see how it frequently happens that a monstrosity is nothing but the persistance of some one

of those forms which existed during fœtal life, and which being but transitory, should have passed into a more perfect state. Again, the theory of eccentric development, pointing out that the two symmetric portions of the animal body are, to a certain extent, developed independently of one another, satisfactorily explains why the sexual organs of one side of the body do not always resemble those of the opposite side; but it cannot satisfy our astonishment, when we find sexual organs belonging both to the male and female on the same side of the median line. To explain an anomaly of this kind, we must have recourse to another law discovered by M. Serres, relating to the influence exercised by the persistance or obliteration of nutrient vessels over the development or non-development of the organs which they supply. Thus, organs which are supplied by distinct vascular trunks, may exist independently of each other, however closely they may be united in function.

In this point of view, the author has divided the generative apparatus into six different portions or segments, three on either side, to a certain degree independent of each other, as far as regards their development, or even their existence. These are,

I. The *deep organs* (testicles or ovaries) supplied by the spermatic arteries; II. The *middle organs* (womb, or prostate, and vesiculæ seminales); III. The external *organs* (penis and scrotum, clitoris and vulva).

Having laid down these principles, the author proceeds to establish a general classification of hermaphrodisms.

Both in the male and female, the generative apparatus is composed of a fixed number of corresponding parts. When the number of these parts is not changed, when we have simply a modification in their development, we have the FIRST CLASS, or *hermaphrodism without excess.*

When the normal number of parts which constitute the generative apparatus is increased (an increase which always takes place by the addition of male organs to the *corresponding* female organs, or *vice versâ*), we have the SECOND CLASS, or *hermaphrodism with excess.*

These classes are again subdivided into groups or *orders.*

The FIRST CLASS, or hermaphrodism without excess, contains four *orders*:—

1st. *Male hermaphrodism*, when the generative apparatus, essentially male, presents, in some one portion, the form of a female organ.

2nd. *Female hermaphrodism*, when the apparatus, though essentially female, yet offers, in some one portion, the form of a male organ.

3rd. *Neutral hermaphrodism*, when the portions of the sexual apparatus are so mixed up and so ambiguous, that it is impossible to ascertain to what sex the individual belongs.

4th. *Mixed hermaphrodism*, when the organs of the two sexes are actually united, and mixed, in the same individual.

The SECOND CLASS embraces three orders:—

1st. *Complex male hermaphrodism*—that is, male hermaphrodism of the first class, with the addition of some supernumerary female portions.

2nd. *Complex female hermaphrodism*—female hermaphrodism of the first class, with the addition of some male portions.

3rd. *Bisexual hermaphrodism*—the simultaneous existence, in the same individual, of all the male and female organs, more or less complete.

In *male hermaphrodism*, the deep and middle genital organs are always male, but the external organs present a mixture of the male and female.

In *female hermaphrodism*, the deep and middle portions are always female, while the mixture of sexual organs is confined, as in the former case, to the external genitals.

In the first order, the ambiguity of sex is caused by the existence of a scrotal fissure, producing some resemblance to a vulva; in the second order it results from the excessive development of the clitoris. We may, then, with justice refer these two orders to an arrest, or an excess, of development. This will be more apparent when we reflect on the anatomical condi-

tions of the external genital organs at an early period of fœtal life. Observation had established the curious fact, that in the human embryo, whether it be male or female, the external organs of generation at one period present exactly the same form, and the uniform type is to all appearance female. The male embryo of a few weeks is furnished, like the female, with a little vulva. But this fissure soon closes up and swells behind, to form the scrotum. Thus, in reference to the external organs alone, we may say, with truth, that every male has been at one time a female; and we can conceive how an arrest of development in the external organs may make an apparent female out of a real male. M. St.-Hilaire has given a satisfactory explanation of these anomalies, in showing how the external organs are completely independent, as far as regards their nutrition and development, of the internal. The records of medical jurisprudence contain numerous examples of the ambiguity of the external organs. Who has not heard of the monk in the reign of Louis XI., a female hermaphrodite, who performed all the "sacred duties" with sufficient exactitude, and succeeded in concealing her real sex until she was actually in labour?

Mixed hermaphrodism, in which there is a true mixture of the generative organs, is divided by the author into four species, two of which have been already established by Isidore, St.-Hilaire, and Meckel; the two additional species have been established by the observations of M. St.-Hilaire the younger.

1st species.—*Alternate hermaphrodism* (*hermaphrodisme superposé*), when the deep organs belong to one sex, and the middle organs to the opposite sex, while the external organs present a mixture of the male and female apparatus.

In this species of hermaphrodism, the symmetry of the reproductive organs is preserved, but as their physiological relations are completely interrupted, sterility is a necessary consequence.

2nd species.—*Lateral hermaphrodism*. In this species, the *deep* and *middle* organs, when viewed on one side of the median line, appear to belong to the male sex, while on the other side they are female. The external organs, as in the former species, are partly male and partly female. In this case there is a want of symmetry between the two sides, but the old relation of function is preserved; that is, the ovary of one side has its corresponding uterus and external apparatus, and so in like manner with the testicle of the other side, which has its prostate and imperfect penis. In this curious species of anomalous formation, each side may fulfil its function of male and female; and we can readily conceive how in fishes which do not copulate where this species exists, the ova deposited by the apparatus of one side, may be fecundated by the apparatus of the other. This conformation has been observed in man, birds, fishes, and certain insects.

3rd species.—*Hemilateral hermaphrodism*. This is but a variety of the former species. It takes place where the deep and middle organs of the side are male; but only one organ of the opposite side is female.

4th species.—*Interchanging hermaphrodism* (*hermaphrodisme croisé*), where the deep and middle organs, if considered from right to left, will appear to belong to one sex; but when regarded from left to right, appear of the opposite sex.

The orders and species now enumerated, comprehend all the varieties of hermaphrodism, in which there is not an excess in the number of parts or organs.

The Second Class, which embraces all anomalies with an *excess* of parts, is divided by the author into three groups or orders.

1st order.—*Complex male hermaphrodism*, where we find, with an apparatus essentially male, some supernumerary female organ, as a uterus, &c.

2nd order.—*Complex female hermaphrodism*, the addition of a male organ, as a testicle, &c., to an apparatus essentially female.

3rd order.—*Bisexual hermaphrodism*, where a male and female apparatus exist at the same time in the same individual. It is to be observed, however, that the external organs have never been found perfectly double. With this limitation, all the orders of hermaphrodism with excess, have been observed in man and certain mammalia.

The researches of modern anatomists have completely set at rest the long-debated question of hermaphrodism, in the vulgar acceptation of the word. It is anatomically and physiologically impossible. The law of organic equivalents, so well developed by the elder St.-Hiliare, teaches us that a male apparatus cannot exist in any degree of perfection without reducing to a minimum of development the coexisting female apparatus. Again, the existence of a perfect penis, with a perfect clitoris, is anatomically impossible, because both organs have precisely the same connexions with the bones of the pelvis.

The analogy between the male and female organs has received much additional illustration from the present work of M. St.-Hilaire. With Meckel, he considers the prostate analogous to the uterus, and considers the latter organ as most probably a rudiment of female structure. Influenced by this remarkable analogy between the apparatus of opposite sexes, he endeavours to account for the formation of hermaphrodites in the following manner. The primitive elements of the reproductive apparatus are neuter, and become male or female according to the particular impulse given at the time of development. In this point of view, the neuter organ may become either a penis or a clitoris,—a prostate or a uterus; and neutral hermaphrodism is only the more or less complete persistance of this neutral state. There is, however, another theory, which explains, perhaps, equally well, the mode in which hermaphrodites are formed. According to theory, every embryo possesses a male and a female apparatus. When the individual becomes male, the female apparatus vanishes, and the male is gradually developed, and *vice versâ*. Bisexual hermaphrodism, according to this theory, is the persistance of the primitive state. Thus, whichever theory we adopt, it follows that at one period of our existence, we either were of no gender at all, or were both males and females at the same time.

The interest of the present memoir is not confined to the anatomical details which it contains. It throws considerable light on some curious and important questions, which occasionally occupy the attention not only of those who are learned, and skilful in medico-legal knowledge, but of the world at large. By it we are enabled to determine with more certainty than at any former period, the precise characters which mark the true sex of an hermaphrodite, when it is possible to assign a fixed sex. It also establishes the novel and important fact, that under some circumstances it is impossible to predicate the sex of an individual from an inspection of the external organs, for a similar conformation of external organs may correspond either with *internal male organs*—with *internal female organs*—with a double set of *internal organs*, which are *female* and *male*—or, finally, with a set of internal organs which are *ambiguous*, being neither male nor female.

Lastly, we may conclude, that the division of mankind into male and female is imperfect, because *there exists a set of beings absolutely neuter*, who have no claim to any sex save that which is appropriated to them on the decision of ill-informed medical jurists.

THE LANCET.

London, Saturday, April 6, 1833.

In arguing against the institutions, inaptly enough styled "Self-supporting and Charitable Dispensaries," we do not expect, or even hope, to convince the Southam philanthropist that such establishments are radically ill calculated for general adoption. Although they may prove useful in a few manufacturing districts, where the artisans are at a distance from the places of legal settlement, yet as parochial establishments of common occurrence, they never will be recognised.

Individuals who fancy that they have beaten out a new tract for themselves or others, and who know that their names derive a certain share of notoriety or of fame, possibly, in consequence of starting "original" contrivances, frequently push onwards with a blind zeal, utterly regardless

of the difficulties which surround them, and of the obstacles which at last must render abortive nearly all, if not the whole, of their persevering labours. To this class of contrivers, Mr. H. L. SMITH must be considered to belong. With a heart susceptible of feeling for a portion of the wrongs of the poor, with an eye that is capable of detecting a limited extent of error, this gentleman, unhappily, is wanting in that power of judgment which could alone suggest, and carry into execution, the remedies competent to remove the evils actually discovered. The ripple on the surface proves often a deceitful sign of the rock that is embedded at the bottom of the flood; hence, that mariner who in directing his helm would cast aside every other evidence of danger might well be denounced as an unsafe pilot. If "the lead" be at hand, why not heave it? And if the rock be sounded near the keel, why persist in a course so pregnant with danger? The turbulence of the waves is not the *fault* of the waters. Hidden causes are generally in operation in producing the violence of the flood. Thus is it with the distresses of the poor in this country; thus is it with the insufficient rewards bestowed on the services of medical practitioners in England. Taking into view those circumstances only which are actually presented to the organs of vision, pseudo-medical reformers and parochial philanthropists consider that a trifling re-arrangement of the existing machinery of society will give independence to the stigmatised "paupers," and afford just remuneration for the labours and skill of medical practitioners. In making such a calculation, the view of the reasoner is restricted to the mere surface of things; there is no scrutinising investigation into causes; there is no inquiry into, and consequently no comprehension of, the existence of human happiness, as founded on the just principles of political and social government. In divising, for example, the scheme of these charitable and self-supporting dispensaries, Mr. SMITH does not even profess to examine into the causes of poverty among the poor, further than in a few loose sentences in the body of the pamphlet published by HATCHARD, and in a sort of diagramatic "classification" of manual labourers, occupying a single page at the end of the work. In short, Mr. SMITH's remedy for pauperism seems to consist in rendering the wretched receiver of parochial funds an object of insult and scorn, and his plan for destroying the present medical "contract system" in parishes, is to transfer its adoption from individual practitioners to the committees of "Self-supporting Dispensaries." Would, however, the dread of bearing the "yellow ticket" deter a starving man from asking for bread? But is it just to mark out as an object of reproach the miserable being who has no means of living, except by the law allowance of some flinty-hearted overseer, who yields a reluctant obedience, possibly, to the order of some iron-hearted magistrate?

In the Southam Dispensary plan, the unhappy parish patients constitute the third, or "yellow-ticket" class,—miserable sufferers, who ever see it emblazoned on their jaundiced cards, that no person of this third class, dependent on the labour of others, "is to be allowed the extra privilege of free members,"—these extra privileges consisting, under the directions of the Committee, in the occasional (the occasions being like "angels' visits, few and far between") wine, clothing, cordials, &c. Further, "if it be deemed expe-
"dient to hold any annual festival, or
"holiday, the free members should alone
"be allowed to attend on such occasions."
The degraded "pauper" is to receive neither wine nor cordial, and is not to be permitted to enjoy the exquisite privilege of exhibiting his yellow ticket on processional holidays. In these restrictions,

surely there is an admixture of absurdity and bad feeling. We had thought that Mr. SMITH's dispensaries were projected with a view to afford *protection* to the "parish patient," to shield him from insult, and to guard him against the "neglect" and incompetency of adventurous contractors. Instead, however, of such advantages, the destitute creature is only designed to be ridded of one bad system, in order that he may be provided with another and a worse. If the Committee, in the contracts with the parishes, pay a proper sum for attendance on the poor, on what principle either of law or equity does Mr. SMITH withhold from the pauper, privileges which are conceded to the charity-class, and to those members who pay not more than one penny each weekly? Why, in short, should the parish patient, attendance on whom is adequately paid for, why, we ask, should he be subjected to the stigma of carrying a yellow ticket? Why should the subscriber of not more than one penny a week be entitled to "priority" of attendance? But the term free, as applied to the penny-a-week class, when considered in relation to their entire subjection to the honorary subscribers, is the most ludicrous thing imaginable, though certainly not so objectionable, because not so injurious nor insulting, as the arrangements respecting the deeply-persecuted paupers. Mr. SMITH's notions of freedom appear to resemble those of the Kentuckian, who on being rebuked for his savage treatment of a slave, asked, with indignant astonishment, "if his was'nt a land of liberty, and "whether every free man had not an un-"doubted right to do as he liked with his "own nigger." The members of the *free* class are "*allowed* to subscribe, on the re-"commendation of a clergyman, or of two "respectable householders." Passing over the double value set upon the *clerical* over a *lay* certificate, what species of freedom is this? But the subscription having been paid, what then happens? Why, the *free* subscriber finds that his liberty consists in obeying the orders of a committee, in the appointment of the members of which he has no voice, and in receiving the attentions of medical practitioners chosen for the dispensary, by this self-same honorary Committee. Thus bound, hand and foot, are the members of the *free* class; while the wretched patients from the contracting parishes are required to submit to the higher claims of this first free class; and are further doomed to exhibit, as their constant companion, the never-failing testimony of ignominy.

If the advocates of the self-supporting dispensaries had pushed their inquiries into the causes of the sufferings of the poor, and the insufficient rewards afforded to medical practitioners for their attendance on the destitute sick, with that judgment which the case demanded, they would have discovered that the first commenced in the misappropriation of the tithes by the clergy, one-third of which belonged originally to the poor, and by legal right belongs to them still. The inadequate pay afforded to surgeons, arises from the absence of a governing college whose interests are immediately identified with the great majority of its members. But these sources of evil are subordinate to another, one of infinitely greater magnitude,—that one the great primitive source of all the artificial disasters to which the labouring classes of this country are subjected. We allude of course to the non-representation of the feelings and interests of the labouring man in the legislature of his country. As the talent and industry of the people constitute the wealth of the nation, so do the health and happiness of the people ever exhibit the strength of a nation. The preservation of that health, therefore, would ever form the first object of a wise and humane government. The day must come, and

possibly is not far distant, when ministers, acting under the direction of the Crown and the *real* representatives of the people, will divide the country into districts, and appoint to those districts, under the recommendation of a National Faculty of Medicine, Officers of Public Health. Would not medical practitioners themselves give a ready preference to such an arrangement? Would not every practitioner prefer receiving a certain income for his attendance on the sick, whether sick or poor, to the precarious and unsatisfactory mode of payment at present sanctioned? The clergy receive public pay for taking care of public morals. Police magistrates and their dependents receive public pay for guarding public and private property. Why, then, should not medical practitioners be adequately compensated out of some general or public fund, for constantly watching over and protecting the public health? In the absence of such an arrangement, let the scale of payment, or a modification of that scale, as suggested by Mr. Yeatman of Garston, be adopted, and give to that plan the further advantage of allowing the poor of the parishes to elect their own surgeons, by ballot. Such a procedure would afford the unhappy creatures an inexpressible degree of satisfaction, while it would furnish the medical practitioner with the highest possible incentive to a conscientious and zealous performance of all his professional duties. Knowing that he was the chosen object of the poor, his gratitude would be excited towards them, and it would be strange indeed if the distressed sick did not participate in some advantages resulting from that generous and noble feeling.

DR. ELLIOTSON has been unanimously elected president of the *Medical and Chirurgical Society of London*, *vice* Mr. LAWRENCE, whose two years occupation of that office has lately expired. The new president will probably do much towards revivifying the embers of the Society.

MEETING OF THE

BAT CLUB,

At the CAVEAN HOTEL, *March 30th*, 1833.

THE first general meeting, for the year 1833, of the members of this club, was held at the Great Room of the *Cavean Hotel*, on Saturday evening last. The members began to assemble soon after seven o'clock, although the chair was not to be taken until eight. This early attendance had almost defeated the object of our reporter, who found no small difficulty in thrusting himself unobserved into his snuggery. Once there, however, he had a fine opportunity of seeing and hearing everything that passed. The scene was one of extraordinary bustle and excitement. The old Bats were, some flushed, and some exceedingly brown, asking with quivering lips and faltering breath, "How think you will Keate's exposé be received to-night?" "How, how, how,"—reiterated Sir W. Blizard, as this question was proposed to Sir A. Cooper,—"how, Sir, how, how, how can *you* think of making such an inquiry? Is not this our old club, and are not the members bound to receive most cordially, whatever *we* resolve on most deliberately? Umph! pray mark that, Sir."—Instantly the conversation was taken up by Sir A. Cooper, who exclaimed, whilst patting Sir William on the shoulder, "That's right, Sir William, a true champion of the good cause to the last."—"To the last, Sir A.," said Sir Wm., "what do you mean by that? Not come to the *last* yet, and *that* some of them shall find before I grow many years older."—This threat produced, as may be supposed, roars of laughter; on the subsidence of which, in walked, in rapid succession, from twenty-five to thirty more gentlemen, not one of whom had our reporter ever before seen at these meetings. Several of them were asked in an exceedingly gruff manner, by Sir William, if they were "admitted" members. On each occasion the Knight was drily answered thus: "Inquire of the Secretary." Presently in stalked about fifteen of the Council of the College. They entered in a body, with not a little ceremony. At this moment every seat in the great room was occupied. Many gentlemen appeared contented to rest their backs against the walls, others had half seated themselves on the sills of the old-fashioned windows, while not a few were leaning over the

backs of the chairs of those members who had been so fortunate as to obtain seats in contact with the large oblong table, which was covered with a richly-figured cloth. The old members seemed overwhelmed with surprise when they beheld the crowded state of the room, and several appeals were made to the honorary secretary, Mr. Edmund Balfour, to ascertain if every gentleman had exhibited his "admission medal,"—when, instantly,

The SECRETARY assured the meeting, that everything had been correctly done; that himself and Mr. Stone, the beadle, had remained at the door from a quarter to seven until the clock struck eight; that there had been only one individual seen in the hall and ante-rooms who was known *not* to belong to the club, and that person having disappeared somewhat suddenly from the outer apartments, both Stone and himself had instantly proceeded to this the grand assembly-room; and in order to be secure against the workings of foul play, they examined into every closet and drawer, had looked under every table, beneath the grates and above the grates, and thrust a quantity of lighted paper up each chimney; in short, they had examined every opening which was sufficiently large to contain a half-grown rat. This done, Stone and himself had become fixed, like architraves, to the door-posts, and had not once quitted their position until the clock struck eight, and the Bramah spring had clicked in token of the invincible security of the club. At the conclusion of this brief address, loud cheers were heard, with cries of "*Hear*" and "*Bravo*", when Mr. Balfour, animated by the applause, turned round to Stone whispered "Dam, that's not bad speech for me." In an instant up started Sir William; and several members whose names we could not then learn, rose simultaneously.

Sir WILLIAM.—Mr. Chairman—(Several voices—"Sir William, there is no chairman.")

Sir WILLIAM.—But there is a chair. (*Loud laughter, and repeated cries of "Oh! oh!"*)

ONE OF THE UNSEATED.—As there is no question before the meeting, I rise to order.

Sir WILLIAM.—Very true, there is no question before the meeting, but I'm just going to put one—mark that. I am going to propose a chairman; I think I'm in order now—mark that. (*Loud laughter.*) Before that motion is put to the vote, I must say half-a-dozen words on what has fallen from our faithful secretary Balfour. He says that somebody was seen in the ante-rooms, who disappeared suddenly;—take my word for it, Gentlemen, that's a LANCET devil (*Violent laughter*). Though Balfour is satisfied that he is not listening to what is passing here, because the ugly imp cannot be found in any hole sufficiently large to accommodate a rat—is *that* proof of his absence? Why, the flexible monster would leap through the key-hole of a tortoise-shell tea-caddy! What happened on the 8th of March, 1830? Did we not meet in the green-room at Longman's? Did not I—I, with mine own hands and mine own eyes, examine, aided by a blazing torch, every crack and chink of the apartments? and yet, on the following Saturday, out came a *verbatim* report of the speeches in what I call the "Infernal Register!"—(Either the angry manner of Sir William, or the apparent groundlessness of his apprehensions, elicited a loud burst of laughter from several gentlemen at the lower end of the room.)

Sir WILLIAM.—Umph, if I am to be thus insulted, I'll sit down, after proposing that Sir Anthony Carlisle do take the chair. (This proposition elicited a violent and continued hissing, amidst which there were heard repeated calls for Sir Astley Cooper.)

A MEMBER (name unknown) said—I'll move, as an amendment, that Sir Astley Cooper do take the chair on this particularly important occasion. (This amendment having been seconded, was put by the mover, and carried amidst loud acclamations.)

Sir Astley laughed heartily, and looking aside at Sir William and Sir Anthony, rolled through the company as majestically as slides a seventy-four in an eastern monsoon, and took the chair.

The CHAIRMAN.—Well, Gentlemen, so you've hooked me into office again. You ought really to recollect that I am getting old, though my friend Sir William is not, but I take your selection of me, on such an occasion as this, as a sign of your regard which is entitled to my grateful thanks. I always loved the profession; the fathers of many now present were my companions in my juvenile days, and it will be my pride, in my closing years, to promote, by every means in my power, the interests of the descendants of such excellent men. Well, and now to business. You've not placed me in this office, that I may indulge in reflections on the events of happy days, but that I may discharge my duties as chairman, with strict impartiality. If the office were an arduous one, I should shrink from the responsibility, but as it is not likely that there will be any difference of opinion amongst us, as to our decision on the *ex-officio* intelligence that is to be communicated from our College, I shall conclude by calling on the secretary to

read the circular by which we have been convened. That document will put you in possession of the nature of the business now to be transacted. Mr. Balfour, will you read the notice?

The SECRETARY reads the circular,—

"Sir,—In consequence of a requisition signed by five of the members of the Surgical Society, I have earnestly to request the honour of your attendance at the rooms in the Cavean Hotel, on Saturday, March 30, at eight o'clock in the evening, precisely.

"The requisitionists have called a meeting at the request of the Council of the College, in order that the Society may hear an announcement from one of the Council, of some projected alterations relating to the government of the Royal College of Surgeons. By order,

"EDMUND BALFOUR, Hon. Sec."

The CHAIRMAN.—There, gentlemen, that's what we've assembled for, and I believe Mr. Keate is commissioned by the Council to make the promised communication. Need I remark that the honourable member's commanding appearance and acknowledged powers of eloquence must give particular effect to any statement from so distinguished an individual? (*Loud calls for Mr. Keate now resounded from several quarters.*)

Mr. KEATE.—Mr. Chairman and gentlemen, fully conscious of the importance of the task that has been so honourably imposed on me, in rising to discharge my duty on this great occasion, I tremble lest I should not realize the expectations of those esteemed friends who have confided to me so important a trust. Nor has the eulogy, I fear the unmerited eulogy, of my right honourable friend in the chair, tended in any degree to lessen the weight of the responsibility that belongs to the character of my mission. I know that I am not eloquent, and I am not aware that I possess enough of superiority of person to give grace or dignity to a mediocre speech. (*Hear, hear.*) Directing attention then to the subject of the requisition, I have to state, that I have been called upon by my colleagues to make known to you the intentions of the Council respecting some meditated alterations, connected with the examination of students and the granting of diplomas. (*Hear, hear.*) In addressing you on this important subject, abruptness of statement would be unpardonable, as the judgment can scarcely appreciate the value of the projected changes unless the mind be led on by that train of events and reasoning, which, in conclusion, has made up the *ultimatum* of the Council. Hence, then, it is indispensably necessary that I should call to my aid the pages of collegiate history, nor must I pass over in silence the words of that turbulent disaffection, which has been so often and so scandalously manifested outside the walls of our Institution. Nay, the demoniacal voice of Radical reform has resounded within the very Theatre of our College. (*"Hear," "hear," accompanied with loud cheers at the bottom of the room.*)

Sir WM. BLIZARD vociferated loudly, "What are those cheers for?"

Mr. Keate turned somewhat pale, but on the Chairman's exclaiming "*Order, order,*" *a la* Manners Sutton, he thus resumed the thread of his discourse.—The younger members may not be acquainted with the fact, that when the Corporation of Surgeons, connected originally by the charter of James I. with the Company of Barber-Surgeons ——

Sir WM. BLIZARD (starting up suddenly)—Without intending any offence to the eloquent speaker, I rise to order.—What have we to do with such remote periods? (On there being loud cries of "*Question,*" "*chair,*" "*chair,*" the irritated knight resumed his seat.)

Mr. KEATE (in continuation)—I can assure you, Sir, that I have no desire to exhibit the research of an antiquary on this occasion, but it is absolutely necessary that I should put the members of this learned Society in possession of a few weighty facts connected with the history of our College,—circumstances, in the absence of a knowledge of which, we should literally "regulate" and argue in the dark. (*"Hear", and cheers.*) On the alleged dissolution, then, of the Corporation of Surgeons, as founded by the 18th Geo. II., a bill was introduced into Parliament for erecting the Company into a College,—for allowing the Council, previously called the Court of Assistants, to impose fines and taxes on the members residing within seven miles of the Institution,—and for conceding to the Establishments the practical operation of that excellent principle in elections, self-perpetuity. This bill passed the House of Commons almost without opposition, but upon its being introduced into the House of Lords, the perverse mind of Lord Thurlow was directed towards it by the petitions of the radical members of that day. Unhappily that nobleman was incensed against the measure before the rulers of the College had an opportunity of explaining to the House of Peers the high-minded motives by which they were influenced in their endeavours to pass the bill. Truly the opposition to that excellent measure was unrelenting, and it having been proved—a species of proof which ought not to have been admitted on such an occasion

—that the Company, since the passing of the Act, had received upwards of eighty thousand pounds in fines, fees, and quarterages,—that the bill proposed to annihilate many of the privileges, as they were then called, of the members, and to take from the commonalty what they denominated their valuable ancient right of *meeting in general Court in the Company's Hall*, to discuss grievances, audit the accounts, and control the distribution of the funds,—these things having been proved by petition, and otherwise, Lord Thurlow thus broke out in one of his invectives against the bill:—"The petitioners against this "bill have great reason to complain: their "privileges have been violated, and their "property has been invaded. They have "been too long trampled under foot; and "however *grating* it may be to the ears of "*some people*, they have the strongest "title in the world to have their complaints "heard with patience and attention. It "should be denominated, 'A Bill for giving "'the property of the Commonalty to the "'Council,' for the Court by this measure "are to have the entire control of the "funds." (*Hear.*) The friends of the bill were incapable of contending against such violent opposition, and the measure was ultimately thrown out by a large majority. Nothing daunted by this untoward event, and feeling that it would be useless again to apply to Parliament, they bethought themselves of petitioning George the Third, of beloved memory, for a charter of incorporation,—that charter, in point of fact, being the rejected bill, under another title. Of the eighteen petitioners on that occasion, I have the happiness of seeing one of them (Sir W. Blizard) amongst us. The obtaining of that charter was one of the most prominent events of that esteemed knight's recent days, having received the sign-manual of the king only thirty-four years ago. (*Laughter*, and "*hear*," "*hear*.") As you may feel an interest to know the names of the petitioners for the charter, I run through them:—(*Reads.*)

Charles Hawkins.	Jonathan Wathen.
Wm. Long.	Thompson Foster.
Geo. Chandler.	John Birch.
Joseph Warner.	John Howard.
Wm. Lucas.	William Blizard.
Sam. Howard.	Henry Cline.
Wm. Cooper.	David Dundas; and
John Heaviside.	Thomas Keate, my
James Carl.	much revered an-
Chas. Blicke.	cestor.

The success of the petitioners, in obtaining our present charter, gave new life and energy to the drooping spirits of the *pure*, or *hospital*, surgeons of that period. The College was opened, and up to the present time, between eight and nine thousand students have applied for and obtained the diploma—each diploma having been charged, to the provincial practitioner upwards of twenty guineas, and to the practitioners of the metropolis upwards of thirty. This, as you may suppose, has brought an enormous sum of money into our coffers, and, under our much-esteemed charter, we claimed the privilege of dividing the money amongst ourselves. (*Cries of* "*Hear*," "*hear*.") But these were not the only sources of emolument to the College; for, so late as 1821, we taxed every member of the College, residing in London, one guinea a year—a sum which was regularly demanded by our official collector. Hence, the institution throve surprisingly. We thought it unnecessary to provide any library for the members whom we had taxed. We thought it useless to prepare a catalogue of Hunter's museum, for which the government paid 15,000*l*. (*Hear, hear.*) It is true the commonalty of the College were admitted once, and sometimes twice, for an hour or two in the week to view the preparations, when Mr. Clift led the way like the bell-wether of a flock, to give oral explanations of certain specimens of normal and diseased structure. It is true that these exhibitions did not afford satisfaction, and that complaints were frequently heard of the absence of a catalogue, and the want of a library. But from whom did these complaints proceed? For the most part from the lowest members of the profession—dispensers of medicines—in short, general practitioners. Of course, it is almost unnecessary for me to observe, that complaints proceeding from such quarters were not thought entitled to the dignified interference or acquiescence of the Council. (*Hear.*) While the College—that is, the chosen twenty-one—were thus flourishing within the establishment in Lincoln's-Inn Fields, they were not unmindful of the interests of their relatives and connexions, whose juvenility yet excluded them from seats amongst our body. The hospitals—the great sources of emolument, direct and indirect, to the pure members of our body—were considered as so many dependencies of our institution. Thus, the surgeons of those establishments framed resolutions to exclude general practitioners from the office of surgeon, and declaring, at the same time, that department to be open only to such individuals as had served apprenticeships in those receptacles of disease. The influence of the College was then exerted to obtain from the governors a full sanction of these resolutions.—The result of these

arrangements has been most fortunate, having contributed, in an extraordinary degree, to preserve in one unbroken chain, a long list of pure surgeons. Insignificant as may appear this simple contrivance, yet it has had the effect of benefiting our own particular class, to the extent of hundreds of thousands of pounds. The lecturing department, as you know, is, by one process of this arrangement, almost exclusively our own. True, Messrs. Brookes and Carpue contrived to pick up some straggling students in consequence of the low bait that they threw out to them, but the teachers and surgeons of the great hospitals succeeded in obtaining the chief of all the annual prizes. Thus matters proceeded until May 1823, when the establishment of a new school of anatomy in the Borough induced the College to issue a regulation, of which I will read to you the substance: "That certificates of "attendance on lectures on anatomy, "physiology, and surgery, and of the "performance of dissections, should not "be received by the court, except from "the appointed professors at the Univer-"sities, *or from persons teaching in a school "acknowledged by the medical establishment of "one of the recognised hospital, or from one "of the officers of those hospitals.*" About this period, gentlemen, that abominable work, THE LANCET, (*Cheers, hisses, and groans,*) was started, and this regulation was most severely animadverted on in that publication. Even the disinterested motives of the noble-minded and generous Court of Examiners were questioned. Then it was indeed, that an entire battery was opened against our hitherto peaceful and flourishing institution, and from which period it may with truth be stated, that the Council have not enjoyed one hour of official ease. Antecedent to that time, the members had been admitted into the Theatre of the College, by a back door in Portugal-street, where sometimes they were compelled to encounter the beating of the storm. This was requisite, in order to impress upon their minds a full conviction of their inferiority to the Council of the hospital surgeons. (*Hear, hear.*) The excitement produced amongst the deluded, by the malignant misrepresentations of the press, led to public meetings of the members, where their "grievances," as they were insolently called, were discussed. At these meetings (I blush to name it) my now esteemed colleague, Mr. Lawrence (*Tears here fell from the speaker*) presided. He even joined in the condemnation of our conduct; but he has since rendered the *amende honorable* by taking a seat amongst us, cordially supporting our measures, and joining in a prosecution of those members of the College who had acted in concert with him at the public meetings. Soliciting pardon for this brief, but I trust not useless, digression, I may state, that a petition, adopted at these meetings on resolutions framed, for the most part, I believe, by Mr. Lawrence himself, was presented to the House of Commons by Mr. Warburton. In that petition (I grieve to say it) there was a prayer for a parliamentary inquiry, with a view to the abrogation of the Charter of the College, and the first name on the petition was that of William Lawrence. (*Loud cries of "Hear," "hear," from some, with hisses and groans from others.*) The Committee of Inquiry, however, was not appointed, but the petition, with its prayer, still hangs over us, and the motion for a Committee may be made—we apprehend with success—at any convenient hour. (*At this announcement several of the members started from their chairs as if under the influence of an electric shock, and an expression of intense alarm was visible in the faces of the Council. Sir W. Blizard seemed to be particularly excited, but the Chairman having insisted on the resumption of order, Mr. Keate resumed.*) That the Council felt bitterly annoyed at these proceedings, I must really confess. Reproaches reached us from every quarter. The misrepresentations were heard in all directions, and it appeared as though the very elements had combined to heap disgrace on our beloved and long-cherished College. After a while, when we had, in some measure, recovered from our alarm, our late venerated colleague, Mr. Abernethy, was asked—as the most able of the penmen of our body—to write a defence of the Council. This defence, which *we* thought most successful, unfortunately proved a new source of irritation, and Mr. Lawrence referred to it most sarcastically, in the preface to his collected speeches. Finding that we were so unsuccessful in open discussion, we contrived to sow the seeds of dissention amongst the members of the Surgical Reform Committee, by representing that actions for libel would be brought against some, that places of profit would be given to others, and that a few even stood a chance of being admitted amongst the Council; we succeeded in first partially breaking up that Committee, and, lastly, in paralysing the remainder of its members. Need I state that all the efforts of the Council have invariably been directed to two great objects, each of which embraces two distinct considerations—the first object comprehending in its division the securing of wealth and reputation to the members of the Council and their relatives, the hospital and other pure sur-

geons—the second involving the infliction of poverty and degradation on those members of the College who acted as general practitioners, the disreputable dispensers of medicines, and operatives in midwifery. (*Cries of "Hear, hear," murmurs, and a general convulsive movement.*) Observing signs of impatience, it may not be necessary, after this distinct exposition of the ruling motives of our conduct, to enter more at large into the historical records of our College; I will at once, therefore, proceed to explain, in general terms, a plan of reform founded on the report of a Committee, and now under the consideration of the Council. In this place we have, as was our bounden duty, kept the two great objects of our government steadily in view—wealth and reputation for ourselves, poverty and disgrace for the commonalty. In this place I am necessarily speaking before a body of gentlemen whose interests are all included in one bond. Our views are the same—our professional practices the same. I therefore speak to you with all the freedom which can mark communications given in private confidence.

A VOICE (*from the lower end of the room*).—What! The *object* of the College Council to degrade the commonalty? (Cries of "*Order*," "*order*.")

Sir WM. BLIZARD.—What a fool! To be sure it is.

Mr. KEATE.—Unquestionably. I apprehend that the proposer of the question is not deeply read in our annals, or he would not have hazarded such an interrogatory. Why, efforts to degrade, or, in other words, if you will, to keep down the commonalty, have constituted the business of the College during the last fifteen years; but, aided by the press, the dispensing and accoucheur members, upwards of six thousand in number, are constantly pressing so sharply upon us in practice, that we know not which way to turn to avoid them; and as for the consultation practice of the Council, and the hospital surgeons, it has dwindled to nothing. Hence we have devised a scheme of reform, which, although undeniably excellent in its contrivance for securing to us riches and fame, is of so feasible a character, that it is well calculated to deceive the thoughtless, and obtain for it the support of all those individuals who are pleased with a shadow rather than the substance. Our own monopoly—just, honourable, monopoly—is to be secured, then, by———

Mr. MEMBURY.—Mr. Chairman, as well as the indignation that I feel will allow me, I wish to explain why I consider the honourable member to be out of order.

The CHAIRMAN.—Gentlemen, we have heard a long and an instructive history of the proceedings of the College, and the movements of the Council with a view to the protection of the Council against the pretensions of the inferior members. Is the learned speaker out of order, then, when he proposes to explain a plan of reform, in the practical operation of which the members of the Council will become firmly seated in their offices, and the much-dreaded innovation of Parliament avoided? I decide that the speaker is strictly in order, but I also decide that we must now adjourn, as we are within six minutes of twelve o'clock. It is Saturday, remember, and if we remain after midnight, we shall have the agents of Sir Andrew Agnew about our ears, and the members of this most respectable club will be advertised as Sabbath-breakers.

Mr. KEATE.—Mr. Chairman and Gentlemen, I shall not detain the meeting more than another ten minutes. The plan of reform is simple in itself, and easy of explanation. I am particularly anxious to finish my statement, in order to ascertain the opinion of the meeting, as the Council is again to discuss the subject on Tuesday evening next, when I—

The CHAIRMAN.—Am I to be supported in my office? (*Loud cries of "Chair," "chair," "Adjourn," "adjourn."*) I again say, that this meeting must adjourn, and, having adjourned it, I shall leave the chair.

At this moment up jumped Sir Astley, who immediately bounced towards the door, which instantly flew open under the expert agency of Mr. Stone. This sudden termination of the business of the meeting excited a degree of astonishment which could only be increased by the following declaration from

Mr. MEMBURY.—You may adjourn if you like, but you shall find at the next meeting, that although this Society is a "*Bat* Club," it is not a club of *Bats*.

A MEMBER. How so? In what manner have the admissions been regulated of late?

Mr. MEMBURY. You will probably learn at your next discussion.

The meeting then stood adjourned to Saturday, April 6th.

DEATH OF MR. LYNN.—We have to announce the death of Mr. Lynn, senior-surgeon of the Westminster Hospital, and one of the oldest of the metropolitan hospital surgeons. His decease was, we believe, rather unexpected. Our artist was afforded an opportunity, a short time since, of adding a faithful sketch of his person to our gallery of medical portraits.

EXTRAORDINARY CASE OF HERMAPHRODISM.

We have just received the *Gaz. Medicale* and *Lancette Française* to the 30th March, inclusive, with the *Journal Hebdomadaire* for Sunday the 31st ult. The two former journals contain no article of special interest. The *Journal Hebdomadaire*, a double number, is crowded with valuable matter. We make this remark with pleasure, as a deserved counterbalance to the censure we lately bestowed on the heaviness of the periodical in question.

The best among the articles which render this number so meritorious, are, first, a descriptive memoir of an extraordinary case of hermaphrodism, by M. Bouillaud, the chief editor of the journal, and professor of clinical medicine in the Faculty of Paris; and, secondly, a remarkable case bearing on the pathological physiology of the nervous system in the human species, observed by M. Montault.

The first of these articles contains an admirably-written description of the dubious sexual condition of an individual, reputed to be a male, who died of the cholera in M. Bouillaud's wards at La Pitie, during the epidemic of 1831. The case was singular, and is, apparently, so subversive of the notions generally held on this subject, and has been so minutely investigated, that we deem it proper to subjoin the following ample details respecting it, and illustrate them by wood-cuts from the plate M. Bouillaud gives with his memoir. It is necessary for us to add, that the analysis of M. St.-Hilaire's article, at page 48 of our present Number, was already occupying our pages when we received the above-named journal's

Case.

"A person named Valmont, æt. 62, a *widower*, of small stature, was admitted on the 6th of April into the cholera wards of La Pitie, and died next morning. As Valmont appeared to possess all the attributes of the male sex when received into the wards, we were not a little astonished, when the abdominal organs were opened, at finding in the cavity of the pelvis *a perfectly-formed womb!*"

Having taken succinct notes of this and other anomalies then observed, the parts were removed and preserved for dissection, when the fury of the epidemic then raging should leave M. Bouillaud more leisure for the task. The examination was ultimately performed by M. Manec, a distinguished anatomist, prosector at La Pitie, who caused superb plates to be drawn after his dissections. The following is the description given in M. Manec's notes:—

"In the region of the external genital organs there is a penis, perfectly formed, of middling size, and terminated by a well-formed gland and prepuce. The opening of the urethra, instead of occupying the summit of the glans, exists toward its inferior parts. The bursæ of the scrotum are small, but quite evident, the integuments thereof brown, hairy, and divided into two symmetrical parts, by a raphe extending from the prepuce to the anus, and harder and more projecting than usual. These bursæ were devoid of testicles, nor was any trace of those organs detected elsewhere. The pubis or mons veneris, rounder and more prominent than in man, was covered with a sufficient quantity of long hair.

"In the pelvis there existed two ovaries, of the same size as in a girl of 16, and two Fallopian tubes, with their extremities opening into the uterus, as in a perfect female. The uterus itself, of accurate formation, occupied its accustomed place between the rectum and the bladder, and opened into a species of vagina, which will be presently described. The cavity of the uterus presented the aborescent wrinkles met in women who have had no children. The interior extremity of the uterus projected into the vagina, as in the animal state. The vagina, about two inches long and of middle diameter, was evidently wrinkled, as in the virgin. Its canal, when arrived at the neck of the bladder, contracted suddenly, and towards the membranous portion of the urethra, only formed a little tube, which, proceeding from below upwards by an opening of about two millimetres in diameter, opened into the urethra through the lower surface of the membranous part of that canal, so that the urethra was absolutely a continuation of the vagina, although from the point of junction to the glandular extremity it was exactly that of a man, and, as in the man, *was surrounded by a perfect prostate gland*, having a verumontanum and prostatic follicles, but no openings for the ejaculatory ducts. Beyond the prostate the urethra had no external covering for eight or ten lines. Further on, a spongy tissue and bulbous portion enclosed it, accompanied it to its extremity, and there formed the glans. All this spongy portion was

attached, as is usual in the male, to the corpora cavernosa, which, strong and well developed as in man, were furnished at their root with a muscular apparatus, as complete as, and perhaps more powerful than, in the perfect male. The bulbo-cavernous muscles were particularly long and thick. The glands of Cowper also were present.

"The testicles, vesiculæ seminales, and vasa deferentia, were altogether absent,—a thick, round, cellular tissue, the rudiment of a round ligament, a nerve, and an artery, being all that passed through the inguinal ring. The artery, which communicated by free anastomoses with the superficialis perinei, and the branches of the external pudic, was larger than in the female. The external genital organs of the female were completely absent."

[The annexed engravings (diminished copies from M. Bouillaud's lithograph designs) demonstrate the more interesting parts of the preparation in question.]

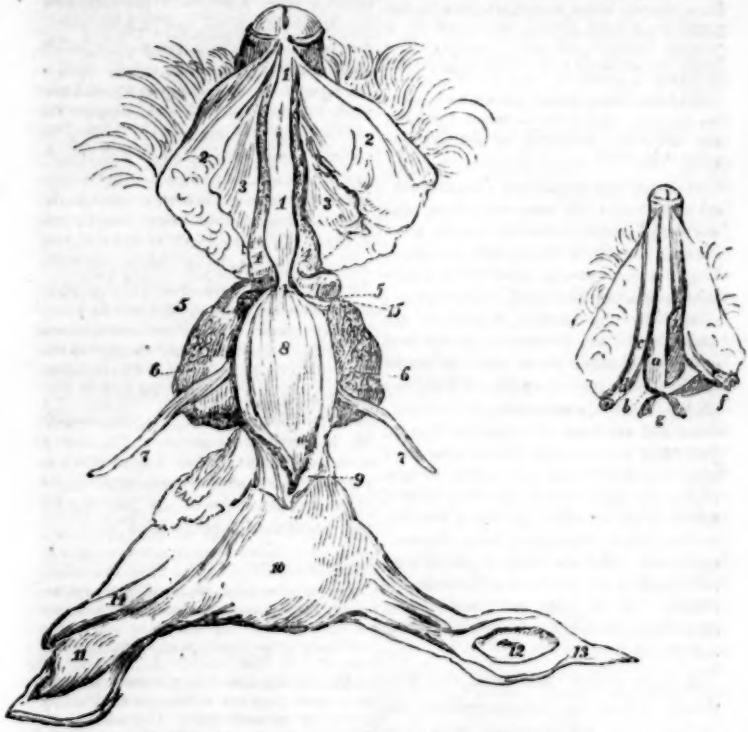

Fig. 1.

External and internal organs, from the meatus urinarius to the neck of the uterus:—

1. 1. Spongy part of the urethra laid open.
2. 2. Cellular tissue of the scrotal bursæ.
3. 3. Bulbo-cavernous muscles turned aside.
4. 4. Bulb of the urethra.
5. 5. Sides of the prostate.
6. 6. Under surface of the bladder.
7. 7. Ureters.
8. 8. Vagina laid open.
9. Neck of the uterus.
10. Body of the uterus.
11. Ovary entire.
12. Ovary cut open.
13. Fallopian tubes.
14. Broad ligaments.
15. Junction of urethra and vagina.

Fig. 2.

a. Bulb of the urethra.
b. Cowper's glands.
c. Roots of the corpora cavernosa.
d. Bulbo-cavernous muscle.
e. Ischio-cavernous muscle.
f. Transverse muscle.
g. Portion of the external sphincter.

Such is M. Manec's description of the genital organs. M. Bouillaud adds the following details respecting the body, which M. Manec did not see:—

"The body was short and plump, and of rounded outlines; the hand and feet were small; the pelvis was more expanded, and the hips were wider, than in well-formed men. There were a thick but soft beard, and an equivocal and repulsive aspect, a large quantity of subcutaneous cellular tissue, large mammary glands, too great for a man, though too small for a woman, but with full-sized nipples. The heart was as large and robust as in a man of middle stature. Of the habits and history of this being, nothing could be learned further than that it was a hatter by trade, and had been a husband, but the wife was some time dead.

M. Bouillaud makes this extraordinary case the subject of some very lively and well-written commentaries, which, however, do not require insertion in our pages. With two exceptions, cited by M. Bouillaud, and which have very lately been described by the learned Mayer, in his *Icones Selectæ*, this is the most perfect case of hermaphrodism on record. In one of Mayer's cases, the individual, a reputed boy of adolescent age, who had experienced erections, and was fond of kissing the servant girls, had a penis two inches nine lines long, a scrotum, but no testicles in it, a uterus, a vagina communicating with a fissure in the scrotum, a prostate, vesiculæ seminales and ejaculatory ducts, *one small testicle* concealed behind the inguinal ring, and a pelvis of middle size between the standard of the male and female. This astonishing preparation is preserved in the museum at Bonn.

It results from these facts, that *true*, though incomplete, hermaphrodism, can no longer be disputed, and that individuals may be born, partaking, to a certain extent, of both sexual types. In many countries, modifying clauses must be, consequently, introduced into the laws relative to the civil state, the succession of property, and the administration of criminal justice, in order to regulate the position, attributes, and social duties, of these intermediate beings.

REMARKABLE FACTS BEARING ON THE PATHOLOGICAL PHYSIOLOGY OF THE NERVOUS SYSTEM.

M. MONTAULT'S case (see page 60) is one equally curious and important, in its own province, with that now described. It relates to an hydatid cyst developed upon and within the base of the skull, penetrating into the foramen lacerum posterius, and anterior condyloid foramen of the left side, compressing, successively, the hypoglossal, glosso, pharyngeal, spinal, and pneumo-gastric nerves, the cerebellum, the mesocephalon, and the upper part of the spinal chord at the same side. A great quantity of liquid existed in the ventricles of the brain. The concomitant phenomena were of deep interest. There were paralysis and atrophy of the muscles of the left side of the tongue, *and preservation of the sense of taste* at this side, *the lingual nerve* being intact; pain in the corresponding side of the neck, paralysis of the organs of speech and deglutition, epileptic form, paroxysms, atrophy of the muscles of the velum palati, and of the left cordæ vocales, general lesion of sensibility, and continual falling of the food into the air-passages. The physiological inferences derivable from this valuable pathological fact, are discussed by M. Montault with great ability, but at such length, that the late hour at which we received our foreign correspondence, precludes the possibility of our inserting further particulars at present.

ALLEGED UNJUSTIFIABLE DEVIATION FROM HOSPITAL PRESCRIPTIONS.

To the Editor of THE LANCET.

Sir,—I beg leave to call your attention to a most flagrant abuse, common, I believe, to almost every Dispensary and Hospital in town. The out-patients of these institutions, after waiting from two to six hours, obtain a hearing from their physician or surgeon and then a prescription, after which they proceed to the apothecary's shop, and having waited there one or two hours more, they get, *not the medicine prescribed*, but any rubbish the apothecary may think proper to give them. The following is an instance in illustration of this, and as I felt interested in the case, I noticed more particularly both the prescription and the medicine. The case was

that of an out-patient at *Guy's Hospital*. Dr. Hodgkin ordered *dec. sarsæ c. e. extract*. Of course this article, prepared according to the *Pharmacopœia Guyensis*, which I presume, in this Institution, physicians, surgeons, and pupils, expect the apothecary to be guided by, is a thick dark-coloured liquid, nearly black. But the trash given to the patient was a straw-coloured, sweetish, liquor, seemingly a decoction of *guaiacum* and *liquorice root*, and, I am quite positive, did not contain a particle either of sarsaparilla or the extract. From what I have seen during my stay in town, I do not believe that one half of the prescriptions written at this hospital are properly prepared. Certainly the physicians and surgeons, for their own characters' sake, for the benefit of the pupils, and particularly for the welfare of the patients, *ought occasionally to inspect the medicines they order*. They could not knowingly allow themselves to be thus made fools of. If the apothecary be allowed to wink at the prescriptions, and, without knowing anything of the disease, to substitute what he pleases, we may dispense with the physicians altogether. The attendance, too, of the pupils is all a farce, leaving the situation of the poor patients out of the question. I am fully persuaded that you will not allow an abuse so pregnant with evil to us, and to the public at large, to go unexposed, and am, Sir, yours, &c.,

N,—A PUPIL AT GUY'S.

March 14, 1833.

MR. GRAINGER.

To the Editor of THE LANCET.

AT a very numerous meeting of the members of Mr. Grainger's Surgical Class, held on the 27th inst., after the *surgical lecture*, it was resolved *unanimously*, that an address, of which the following is a copy, should be immediately presented to Mr. Grainger, and that the proceeding should be made public through the medium of THE LANCET.

DANIEL NOBLE,
Chairman of the Meeting.

"To R. D. GRAINGER, ESQ.—Sir, We, the undersigned pupils of the Surgical Class, indignant at the appearance in THE LANCET of the 23rd inst. of an anonymous and unjust attack upon your character, professedly originating with one of your pupils, are anxious to disclaim participation in any such act, and do hereby beg to inform you, that we consider the accusation of neglect of duty as totally false and untenable. Whilst, however, we regret the illness which deprived us for a time of your valuable instructions, we are desirous of expressing to you our perfect satisfaction with the lectures of your indefatigable and talented colleague Mr. Pilcher; and, so far from concurring in the sentiments expressed in the attack which appeared in THE LANCET, we unanimously deprecate the conduct of the individual with whom it originated. In conclusion, we beg to assure you of our complete satisfaction with your constant and unwearied exertions, in forwarding the interests of the school at large, and subscribe ourselves,

"Your grateful and admiring pupils.

"Webb-street, March 27, 1833."

"(Here follow the signatures.)"

INTERESTING PATHOLOGICAL FACTS.

THE following is a fuller account, furnished by a correspondent, of the case of œdema confined to the upper half of the body, related by Mr. Beevor, of Berners Street, at the *Middlesex Medical Society*, on the 12th of March, and mentioned in THE LANCET, No. 491*:—

"The diagnosis was most faithfully delivered before the fatal termination of the case, to the following effect:—'Aneurism of the aorta, great disease of its membrane, and partial obstruction through the superior vena cava.' It should be stated, that the latter part of the diagnosis was founded on the enormous turgidity and varicose condition of the veins over the chest, which inosculated freely with the epigastric veins, &c., and thus Mr. Beevor conceived the abdomen was kept free from fluid, and the vessels relieved themselves by giving rise to œdema in the head and upper extremities, &c., consequent on the impeded venous circulation near the aneurism. The man very rapidly sank, and, latterly, had very terrific notions about his situation, thinking he was among men of blood, murderers, thieves, &c. This symptom was satisfactorily accounted for by the Chairman, from the mixture of arterial and venous blood in the following manner:—The aneurism had produced interstitial absorption of the sternum, and was capable of holding a pint of fluid; about an inch above the right auricle, the vena cava was quite impervious, to the extent of half an inch; and just above the obliteration was a rent of the coats, which led directly into the enlarged aorta beneath. The azygos on the one side, and the left subclavian, and a large peri-

* The Chairman on this occasion was Dr. F. Hawkins, and the gentleman who alluded to the cases of fever was *Mr. Coote*.

cardiac vein on the other, emptied themselves just above the point of obstruction; but they were so dilated, especially the azygos and pericardiac, that no doubt arose as to their having been the principal channels through which the blood of the upper half of the body found its exit into the right auricle. At the entrance of the left subclavian there was another, and a larger rent, leading also into the aorta, thus constituting the second communication between the arterial and venous system. The heart itself was healthy.

"March 25, 1833."

ROYAL COLLEGE OF SURGEONS.

EXTORTIONATE DEMAND.

To the Editor of THE LANCET.

Sir,—I beg leave to enclose you the copy of a letter addressed by my friend Mr. Myers to the Court of Examiners of the College of Surgeons, and the official answer he received from Mr. Balfour—a correspondence which every member of the College ought to peruse, as the subject to which it refers is one in which each must feel himself a party interested.

In requesting you to give it publicity, I cannot but express a hope, that the gentle hint contained in the *Times* of Saturday* last may not be thrown away on the powers that be. I am, Sir,

Your obedient servant,
WILLIAM ECCLES.

Union-court, Old Broad-street,
April 1, 1833.

"*To the* COURT OF EXAMINERS *of the Royal College of Surgeons.*

"Mr. President and Gentlemen,—The diploma I received on my admission as a member of your College, was destroyed by the fire which occurred in 18 Bucklersbury, on Sunday evening the 21st instant, where I was at the time residing. In corroboration I inclose you my affidavit, and, in proof of my identity, I beg to offer two certificates from gentlemen well known to your Court.† I have, therefore, to request you will oblige me with a renewal of my diploma; not on the ground of its being lost merely, but in consequence of its entire destruction by a circumstance over which I had no control. I am, Mr. President and Gentlemen, your obedient servant,

"HENRY MYERS.

"101, Fenchurch Street,
Oct. 27th, 1832."

The Court's Reply.

"Royal College of Surgeons in London, November 6th, 1832.

"Sir,—Having laid before the Court of Examiners of this College your letter of the 27th ultimo, together with its several enclosures, I am directed to express the regret of the Court at the loss you have sustained, and to inform you the Court cannot grant a second diploma, but have directed that you be granted a certificate of having obtained the diploma of this College upon your compliance with the by-law in that behalf, which requires the payment of five guineas for the same. I am, Sir, your most obedient servant,

"EDM. BALFOUR, Sec.

"To Henry Myers, Esq."

* "The Royal College of Surgeons would do well to peruse and refute, if they can, the statements in a letter charging them, or the by-laws of their institution, with what seems an extortionate demand. The writer of the letter sends us a copy of the by-laws, with marginal notes upon some of them. We cannot afford room for the discussion of such a subject at such a time; the College had better itself consider its own rules and regulations, and correct, if correction be necessary, in time."—*Times, March* 30.

† These Certificates were,—one from Mr. Pilcher of the Webb Street School, and the other from Mr. Greville Jones of Hatton Garden.—*W. E.*

CORRESPONDENTS.

The great length of *Dr. R. Lee's* "exposition," in reply to Dr. Granville's "parallel," has rendered it impossible for us to publish it this week, but it shall appear in our next number.

An old Student of Joshua Brookes is something worse than an ass. We know both him and his haunts, and may shortly subject him to such an exposure as shall put a stop to his literary and other impositions. It is painful to use the word "literary" in conjunction with such an ignoramus.

We are unable to find room for the communication of our intelligent correspondent *Medicus* (Aspatria), but shall probably make use of some future time, of the letter issued by the Rhubarb Hall gentry.

A Constant Reader (Webb Street), *A Webb Street Student*, *Mr. Adolphus Taylor*, and several other correspondents in the Borough, will acknowledge that we have selected a suitable communication for insertion. A *selection* was imperative from the mass.

The subject on which *Medicus* of Leicester writes, has been more than once agitated by us, and shall be agitated again.

A Junior Pupil. Both Turner's and Parke's are proper works for his perusal. No one volume fully embraces chemistry and materia medica. Perhaps Murray's System of Pharmacy (last edition) would best serve his purpose.

The memorial from York has been received.

The case forwarded by *Mr. Wilkins* shall be published.

Extracts from the letter of *Mr. Whitlaw* next week.

(Remainder of "Notices to Correspondents" squeezed out.—*Printer's Devil.*)